

**OHA - Drinking Water Program -Turbidity Monitoring Report Form**  
**Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems**

County: **Lane**  
 Month/Year: **Dec-24**



System Name: **Mapleton Water District** ID#: **41 00507** WTP : **WTP-A**

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1	OFF	OFF	OFF	0.040	0.040	0.040	0.040
2	0.040	0.040	0.040	0.040	OFF	OFF	0.040
3	OFF	OFF	OFF	0.040	0.040	0.040	0.040
4	0.040	0.040	0.040	0.040	0.040	0.040	0.040
5	0.040	0.040	0.040	0.040	0.040	0.040	0.040
6	0.040	0.040	0.040	0.040	0.040	0.040	0.040
7	0.040	0.040	0.040	0.040	0.040	0.070	0.070
8	0.040	0.040	0.040	0.050	0.070	0.050	0.070
9	0.070	0.050	0.050	0.050	OFF	OFF	0.070
10	OFF	OFF	OFF	0.040	0.040	0.050	0.050
11	0.040	0.040	0.040	0.040	0.040	0.040	0.040
12	0.040	0.040	0.040	0.040	0.040	0.040	0.040
13	0.050	0.050	0.050	0.050	0.050	0.050	0.050
14	0.050	0.050	0.050	OFF	0.050	0.050	0.050
15	0.050	0.060	0.050	OFF	0.050	0.050	0.060
16	0.050	0.050	0.050	OFF	OFF	OFF	0.050
17	OFF	OFF	OFF	0.040	0.040	0.040	0.040
18	0.050	0.050	0.050	OFF	OFF	0.050	0.050
19	OFF	OFF	0.050	0.050	0.050	0.050	0.050
20	0.050	0.060	0.050	OFF	0.050	0.050	0.060
21	0.050	0.050	0.050	0.050	0.100	0.050	0.050
22	0.050	0.050	OFF	0.050	0.010	0.050	0.050
23	0.050	0.050	0.050	0.050	0.050	0.050	0.050
24	0.050	0.050	0.050	0.050	0.050	0.050	0.050
25	0.050	0.050	0.050	0.050	0.050	0.050	0.050
26	0.050	0.050	0.050	0.050	0.050	0.050	0.050
27	0.060	0.060	0.060	0.060	0.060	0.060	0.060
28	0.060	0.060	0.060	0.060	0.060	0.060	0.060
29	0.060	0.060	0.060	0.060	0.060	0.060	0.060
30	0.060	0.060	0.060	0.060	0.060	0.060	0.060
31	OFF	OFF	OFF	OFF	OFF	OFF	OFF

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>	<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? <b>✓ Yes / No</b>	CT's met everyday? (see back)	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU? <b>✓ Yes / No</b>	<b>✓ Yes / No</b>	<b>✓ Yes / No</b>

<b>Notes:</b>	<b>PRINTED NAME: David R. Terrusa</b>	
	<b>SIGNATURE: /S/ David R Terrusa</b>	<b>DATE: 01/26/24</b>
	<b>PHONE #: (541) 253-7556</b>	<b>CERT #: 6930</b>

<sup>1</sup> Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum. <sup>2</sup> Filtered systems only.

**OHA - Drinking Water Program - Surface Water Quality Data Form**

**WTP - : WTP-D**

**System Name: Mapleton Water District ID#: 41 00507**

**Month/Year: Dec-24**

**Disinfection  
Giardia Log  
Inactiv:**

**0.5**

Date	Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT C x T	Temp	pH	Required CT	CT Met? <sup>3</sup> Yes or No	Peak Hourly Demand Flow
		[ppm or mg/L]	[minutes]	formula	[° C]		formula	formula	[GPM]
1	10:00 AM	2.09	70	146.3	10.8	8.2	31.7	Yes	119
2	10:00 AM	2.2	70	154.0	10.8	8.2	32.1	Yes	136
3	10:00 AM	2.02	70	141.4	9.1	8.2	35.3	Yes	127.2
4	10:00 AM	2.19	70	153.3	8.7	8.4	39.4	Yes	125
5	10:00 AM	1.89	70	132.3	8.8	8.3	36.2	Yes	124
6	10:00 AM	0.9	70	63.0	8.6	8.2	32.3	Yes	112
7	10:00 AM	2.2	70	154.0	10.3	8.2	32.9	Yes	115
8	10:00 AM	2.2	70	154.0	10.1	8.3	34.2	Yes	116
9	10:00 AM	1.9	70	133.0	8.3	8.2	36.5	Yes	113
10	10:00 AM	1.51	70	105.7	8.0	8.1	34.4	Yes	113
11	10:00 AM	1.62	70	113.4	8.0	8.1	35.2	Yes	114
12	10:00 AM	1.49	70	104.3	9.1	8.6	38.5	Yes	116
13	10:00 AM	1.54	70	107.8	8.4	8.0	32.9	Yes	125
14	10:00 AM	1.59	70	111.3	7.9	8.1	35.0	Yes	124
15	10:00 AM	1.43	70	100.1	8.3	8.1	33.2	Yes	124
16	10:00 AM	1.67	70	116.9	8.8	8.7	41.9	Yes	124
17	10:00 AM	1.35	70	94.5	8.8	8.1	31.8	Yes	122
18	10:00 AM	1.45	70	101.5	9.1	8.1	31.7	Yes	123.7
19	10:00 AM	2.07	70	144.9	9.2	8.1	33.9	Yes	118.4
20	10:00 AM	0.95	70	66.5	9.2	8.2	31.0	Yes	116.8
21	10:00 AM	0.82	70	57.4	10.1	7.9	26.0	Yes	113.7
22	10:00 AM	1.44	70	100.8	10.4	7.9	27.5	Yes	106.8
23	10:00 AM	1.66	70	116.2	9.9	8.1	30.6	Yes	108.4
24	10:00 AM	1.87	70	130.9	9.0	8.3	36.8	Yes	105.2
25	10:00 AM	1.86	70	130.2	8.0	8.1	35.5	Yes	127.6
26	10:00 AM	1.19	70	83.3	7.2	8.3	37.4	Yes	105.5
27	10:00 AM	1.86	70	130.2	7.3	8.3	40.1	Yes	104.7
28	10:00 AM	1.72	70	120.4	7.3	8.4	41.6	Yes	104.5
29	10:00 AM	1.8	70	126.0	7.4	8.3	39.4	Yes	102.3
30	10:00 AM	1.79	70	125.3	7.5	8.4	40.6	Yes	104.6
31	10:00 AM	1.81	70	126.7	7.4	8.3	40.1	Yes	98.44

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised October 2013