

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

County: **Lane**  
 Month/Year: **Jan-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	0.030	0.030	0.030	OFF	OFF	OFF	0.030
2	OFF	OFF	OFF	0.040	0.030	0.040	0.040
3	0.030	0.030	0.030	0.030	0.030	0.030	0.030
4	0.030	0.040	0.030	0.040	OFF	OFF	0.040
5	OFF	OFF	OFF	0.030	0.030	0.030	0.030
6	0.030	0.030	0.030	0.030	0.030	0.030	0.030
7	0.030	0.040	0.040	0.030	0.040	0.040	0.040
8	0.040	0.040	0.040	0.040	0.040	0.040	0.040
9	0.040	0.030	0.030	0.040	0.040	0.040	0.040
10	0.040	0.040	0.040	0.040	0.040	0.040	0.040
11	0.040	0.040	0.040	0.040	0.040	0.040	0.040
12	0.040	0.040	0.040	0.040	OFF	OFF	0.040
13	OFF	OFF	OFF	0.040	0.040	0.040	0.040
14	0.040	0.040	0.040	0.040	0.040	0.040	0.040
15	0.040	0.040	0.040	0.040	0.040	0.040	0.040
16	0.040	0.040	0.040	0.040	0.040	OFF	0.040
17	0.040	0.040	0.040	OFF	OFF	OFF	0.040
18	OFF	OFF	OFF	0.040	0.040	0.040	0.040
19	0.040	0.040	0.040	0.040	0.040	0.040	0.040
20	0.040	0.040	0.040	0.040	0.040	0.040	0.040
21	0.040	0.040	0.040	0.040	0.040	0.040	0.040
22	0.040	0.040	0.040	0.040	0.040	0.040	0.040
23	0.040	0.040	OFF	0.040	0.040	0.030	0.040
24	0.030	0.040	0.030	0.040	0.040	0.040	0.040
25	0.040	0.040	0.040	0.040	0.080	0.040	0.080
26	0.040	0.040	0.040	OFF	OFF	OFF	0.040
27	OFF	OFF	OFF	0.040	0.040	0.040	0.040
28	0.040	0.040	0.040	0.040	0.040	0.040	0.040
29	0.040	0.040	0.040	0.040	0.040	0.040	0.040
30	0.040	0.040	0.040	0.040	0.040	0.040	0.040
31	0.040	0.040	0.040	0.040	OFF	OFF	0.040

<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) <b>✓ Yes / No</b>	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <b>✓ Yes / No</b>
All daily turbidity readings ≤ 5 NTU? <b>✓ Yes / No</b>		

<b>Notes:</b>	<b>PRINTED NAME: David Terrusa</b>	
	<b>SIGNATURE: /S/ David Terrusa</b>	<b>DATE: 2/1/24</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: Jan-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	OFF	70	#VALUE!			#VALUE!	#VALUE!	
2	10:00 AM	1.3	70	91.0	9.0	7.3	23.7	Yes	140
3	10:00 AM	1.1	70	77.0	10.0	7.2	20.9	Yes	140
4	10:00 AM	1.5	70	105.0	10.0	7.2	21.9	Yes	140
5	10:00 AM	1.6	70	112.0	9.0	7.2	23.6	Yes	140
6	10:00 AM	1.4	70	98.0	9.0	7.3	23.9	Yes	140
7	10:00 AM	1.5	70	105.0	9.0	7.2	23.4	Yes	140
8	10:00 AM	1.5	70	105.0	9.0	7.3	24.2	Yes	140
9	10:00 AM	1.5	70	105.0	9.0	7.3	24.2	Yes	140
10	10:00 AM	1.7	70	119.0	10.0	7.3	23.2	Yes	140
11	10:00 AM	1.5	70	105.0	10.0	7.3	22.7	Yes	140
12	10:00 AM	1.4	70	98.0	10.0	7.3	22.4	Yes	140
13	10:00 AM	1.4	70	98.0	10.0	7.2	21.6	Yes	140
14	10:00 AM	1.1	70	77.0	10.0	7.2	20.9	Yes	140
15	10:00 AM	1.6	70	112.0	10.0	7.2	22.1	Yes	140
16	10:00 AM	1.8	70	126.0	10.0	7.3	23.5	Yes	140
17	10:00 AM	1.6	70	112.0	10.0	7.3	22.9	Yes	140
18	10:00 AM	1.2	70	84.0	8.0	7.4	25.9	Yes	140
19	10:00 AM	1.6	70	112.0	8.0	7.4	27.2	Yes	140
20	10:00 AM	1.6	70	112.0	8.0	7.4	27.2	Yes	140
21	10:00 AM	1.5	70	105.0	8.0	7.4	26.8	Yes	140
22	10:00 AM	1.5	70	105.0	8.0	7.4	26.8	Yes	140
23	10:00 AM	1.6	70	112.0	7.0	7.4	29.0	Yes	140
24	10:00 AM	1.6	70	112.0	8.0	7.4	27.2	Yes	140
25	10:00 AM	1.6	70	112.0	7.0	7.4	29.0	Yes	140
26	10:00 AM	1.5	70	105.0	8.0	7.3	25.9	Yes	140
27	10:00 AM	1.5	70	105.0	7.0	7.3	27.7	Yes	140
28	10:00 AM	1.7	70	119.0	7.0	7.4	29.4	Yes	140
29	10:00 AM	1.7	70	119.0	7.0	7.4	29.4	Yes	140
30	10:00 AM	1.3	70	91.0	8.0	7.3	25.3	Yes	140
31	10:00 AM	1.3	70	91.0	8.0	7.3	25.3	Yes	140

<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