

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

County: **Lane**  
 Month/Year: **Jun-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	0.017	0.017	0.017	0.016	0.017	0.017	0.017
2	0.017	0.016	0.017	0.016	0.019	0.019	0.019
3	0.019	0.018	0.018	0.017	0.017	0.017	0.019
4	0.017	0.017	0.017	0.016	0.017	0.017	0.017
5	0.017	0.017	0.017	0.017	0.016	0.017	0.017
6	0.017	0.017	0.017	0.016	0.016	0.017	0.017
7	0.017	0.017	0.017	0.017	0.016	0.016	0.017
8	0.017	0.017	0.017	0.017	0.017	0.017	0.017
9	0.017	0.017	0.017	0.017	0.017	0.017	0.017
10	0.017	0.017	0.017	0.017	0.017	0.017	0.017
11	0.017	0.017	0.017	0.017	0.017	0.017	0.017
12	0.017	0.017	0.017	0.017	0.016	0.016	0.017
13	0.016	0.016	0.016	0.016	0.017	0.017	0.017
14	0.017	0.017	0.017	0.017	0.017	0.017	0.017
15	0.017	0.017	0.017	0.017	0.017	0.017	0.017
16	0.017	0.017	0.017	0.017	0.017	0.017	0.017
17	0.017	0.017	0.017	0.017	0.016	0.016	0.017
18	0.016	0.016	0.016	0.017	0.017	0.017	0.017
19	0.017	0.017	0.017	0.017	0.016	0.017	0.017
20	0.017	0.017	0.017	0.017	0.017	0.017	0.017
21	0.017	0.017	0.017	0.017	0.016	0.016	0.017
22	0.015	0.015	0.015	0.016	0.015	0.015	0.016
23	0.016	0.015	0.015	0.015	0.015	0.015	0.016
24	0.015	0.015	0.015	0.015	0.015	0.015	0.015
25	0.014	0.014	0.014	0.014	0.016	0.015	0.016
26	0.015	0.015	0.015	0.015	0.015	0.015	0.015
27	0.015	0.015	0.015	0.021	0.017	0.015	0.021
28	0.015	0.021	0.015	0.015	0.018	0.015	0.021
29	0.015	0.023	0.015	0.016	0.021	0.016	0.021
30	0.015	0.015	0.015	0.015	0.015	0.015	0.015

<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: 7/4/2024</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 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 DistricID#: 41 00507**

**Month/Year:**

**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	0.62	70	43.4	14.0	8.1	20.9	Yes	125
2	10:00 AM	0.53	70	37.1	13.8	8.5	24.3	Yes	116
3	10:00 AM	0.51	70	35.7	13.7	8.5	24.4	Yes	125
4	10:00 AM	0.49	70	34.3	13.0	7.6	18.3	Yes	113
5	10:00 AM	0.47	70	32.9	14.4	7.7	17.3	Yes	125
6	10:00 AM	0.66	70	46.2	16.4	8.2	18.6	Yes	125
7	10:00 AM	0.67	70	46.9	14.3	7.9	19.2	Yes	125
8	10:00 AM	1.32	70	92.4	14.1	8.6	27.0	Yes	110
9	10:00 AM	0.92	70	64.4	14.7	8.2	21.5	Yes	110
10	10:00 AM	0.86	70	60.2	15.7	8.6	23.1	Yes	100
11	10:00 AM	0.85	70	59.5	16.3	8.7	23.0	Yes	100
12	10:00 AM	0.81	70	56.7	14.7	8.1	20.4	Yes	100
13	10:00 AM	0.81	70	56.7	17.2	8.2	18.0	Yes	100
14	10:00 AM	0.8	70	56.0	12.2	7.9	22.4	Yes	100
15	10:00 AM	0.63	70	44.1	13.6	8.4	24.0	Yes	125
16	10:00 AM	0.66	70	46.2	12.4	8.7	28.9	Yes	102
17	10:00 AM	0.65	70	45.5	12.5	8.1	23.2	Yes	107
18	10:00 AM	0.69	70	48.3	14.7	8.2	20.9	Yes	100
19	10:00 AM	0.84	70	58.8	14.1	7.8	19.1	Yes	100
20	10:00 AM	0.66	70	46.2	15.3	8.2	20.0	Yes	100.2
21	10:00 AM	0.77	70	53.9	17.7	7.9	15.5	Yes	123.6
22	10:00 AM	0.64	70	44.8	17.4	8.4	18.7	Yes	100
23	10:00 AM	0.63	70	44.1	17.6	8.4	18.4	Yes	99.9
24	10:00 AM	0.68	70	47.6	17.5	8.1	16.7	Yes	99.89
25	10:00 AM	0.51	70	35.7	18.9	8.0	14.4	Yes	99.7
26	10:00 AM	0.67	70	46.9	15.4	8.4	21.4	Yes	100
27	10:00 AM	0.6	70	42.0	14.3	8.2	21.2	Yes	100
28	10:00 AM	0.74	70	51.8	18.7	7.9	14.4	Yes	100.3
29	10:00 AM	0.79	70	55.3	18.0	8.1	16.4	Yes	103.4
30	10:00 AM	0.59	70	41.3	18.9	8.0	14.5	Yes	100.1
31	10:00 AM								

<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