OHA - DWS

Membrane Filter Monthly Operating Report

County: **LANE**

System Name: **MAPLETON WATER**

Month/Year: **May-2025**

PWS ID#: 41 - **00507**

Minimum test pressure **applied**: **16** psi

Plant ID: WTP - **A** *(e.g., "A")*

Minimum test pressure **req'd**: **14.9** psi

DIT = Direct Integrity Test on filter(s) [Yes, No, or "off" if all filters are offline]

PDR = Pressure Decay Rate

LRC = Log Removal Credit

PDR_{Max} [$^{psi}/_{min}$]	LRC [log removal]
0.121	**4.00**

Day	CFE Daily Turbidity [NTU]	Highest CFE♣ [NTU]	Highest IFE [NTU] (>15 minutes)	Highest PDR of day [$^{psi}/_{min}$]		DIT Daily [Y/N] or "off"
1						"off"
2	0.017	0.2948	0.017	0.021		Y
3	0.040	0.1273	0.017	0.021		Y
4	0.017	0.0404	0.016	0.021		Y
5	0.017	0.2239	0.017	0.021		Y
6	0.017	0.0521	0.017	0.021		Y
7						"off"
8	0.017	0.03594	0.017	0.022		Y
9	0.026	1.0024	0.024	0.021		Y
10	0.056	0.1511	0.017	0.021		Y
11						"off"
12	0.017	0.3526	0.017	0.021		Y
13	0.017	0.1414	0.017	0.021		Y
14	0.032	1.0029	0.036	0.016		Y
15	0.017	0.776	0.035	0.021		Y
16	0.037	0.9649	0.030	0.013		Y
17	0.023	0.1124	0.022	0.019		Y
18	0.022	0.1247	0.022	0.021		Y
19						"off"
20	0.024	0.2598	0.023	0.048		Y
21						"off"
22	0.023	0.3708	0.017	0.027		Y
23						"off"
24	0.022	0.1998	0.017	0.020		Y
25						"off"
26	0.022	0.3743	0.017	0.020		Y
27						"off"
28	0.023	0.8199	0.023	0.013		Y
29	0.026	0.0285	0.022	0.020		Y
30	0.022	0.0774	0.022	0.023		Y
31						"off"

Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU? [Y/N]	All turbidity readings ≤ 5 NTU? [Y/N]	All IFE turbidity readings ≤ 0.15 NTU? [Y/N]	Performance std met? [Y/N] ($PDR \le PDR_{Max}$, $LRV \ge LRC$)	DIT Daily?
Yes	**Yes**	**Yes**	**Yes**	**Yes**

CT's met daily? (p. 2)	All Cl_2 residual at EP ≥ 0.2 $^{mg}/_{L}$?	$PDR \le PDR_{Max}$?	$LRV_{ambient} \ge LRC$?
Yes	**Yes**	**Yes**	

PRINTED NAME: **David Terrusa** **DATE:** 09-Jun-25

SIGNATURE: **/S/ David Terrusa** **WT CERT #:** **06/09/25**

Notes: **PHONE #:** **541 253 7556**

♣ *Used for optimization purposes only.*

OHA-DWS

Disinfection Monthly Operating Report

System Name: **MAPLETON WATER DISTRICT**

PWS ID#: 41 - **00507**

Plant ID : WTP - **A**

0.5 ⇦ Log Inactivation Required via Disinfection

Day	Minimum Cl_2 Residual at 1st User (**C**) ♦ [$^{mg}/_{L}$ = ppm]	Contact Time (**T**) [minutes]	Actual CT **C** x **T** (Formula)	Temp [° C]	pH	Required CT (Formula)	CT Met? ♦ [Yes / No] (Formula)	Peak Hourly Demand Flow [GPM]	Notes (e.g. "Plant Off")
1	1.167	70	81.7	8.2	7.48	26.2	YES	140	
2	1.069	70	74.8	9.7	7.45	23.2	YES	140	
3	1.183	70	82.8	8.6	7.44	25.2	YES	140	
4	1.245	70	87.1	7.5	7.43	27.2	YES	140	
5	1.092	70	76.5	9.0	7.41	24.1	YES	140	
6	1.139	70	79.7	8.8	7.40	24.4	YES	140	
7	0.927	70	64.9	11.2	7.41	20.4	YES	-	off
8	0.901	70	63.1	9.0	7.28	22.5	YES	140	
9	1.008	70	70.6	8.6	7.36	24.0	YES	140	
10	0.891	70	62.4	9.2	7.34	22.6	YES	140	
11	0.913	70	63.9	9.8	7.42	22.4	YES	140	
12	1.009	70	70.6	8.6	7.42	24.6	YES	140	
13	1.235	70	86.4	8.4	7.47	26.1	YES	140	
14	1.237	70	86.6	8.3	7.44	25.8	YES	140	
15	1.059	70	74.1	8.9	7.39	24.0	YES	140	
16	1.023	70	71.6	9.1	7.38	23.4	YES	140	
17	1.326	70	92.8	9.5	7.55	25.1	YES	140	
18	1.390	70	97.3	9.0	7.55	26.2	YES	140	
19	1.121	70	78.5	9.9	7.59	24.3	YES	-	off
20	1.120	70	78.4	9.3	7.54	24.8	YES	140	
21	0.941	70	65.9	10.7	7.57	22.4	YES	-	off
22	0.941	70	65.9	10.2	7.52	22.7	YES	140	
23	1.170	70	81.9	11.1	7.57	22.3	YES	-	off
24	1.170	70	81.9	10.3	7.46	22.7	YES	140	
25	1.219	70	85.3	11.5	7.54	21.6	YES	-	off
26	1.209	70	84.6	10.9	7.53	22.5	YES	140	
27	1.252	70	87.7	11.7	7.54	21.4	YES	-	off
28	1.250	70	87.5	11.3	7.47	21.5	YES	140	
29	1.254	70	87.8	11.0	7.51	22.2	YES	140	
30	1.030	70	72.1	13.7	7.51	18.0	YES	140	
31	1.182	70	82.7	13.0	7.50	19.2	YES	-	off

♦ If chlorine concentration at entry point < 0.2 $^{mg}/_{L}$, or CT not met, notify DWS within 24 hours.

Submit this monthly report by the 10th of following month by

mail: Drinking Water Services
PO Box 14350
Portland, OR 97293-0350

email: dwp.dmce@odhsoha.oregon.gov

fax: 971-673-0458

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