OHA - DWS

Membrane Filter Monthly Operating Report

County: **LANE**

System Name: **MAPLETON WATER**

Month/Year: **Jun-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]	DIT Daily
0.120	**4.00**	

Day	CFE Daily Turbidity [NTU]	Highest CFE♣ [NTU]	Highest IFE [NTU] (>15 minutes)	Highest PDR of day [$^{psi}/_{min}$]	Lowest $LRV_{ambient}$ of day [log removal]	[Y/N] or "off"
1	0.018	0.20845	0.023	0.021		Yes
2	0.000	0.10565	0.022	0.021		Yes
3	0.019	0.16075	0.022	0.015		Yes
4	0.000	0	0.000	0.015		off
5	0.018	0.13295	0.022	0.014		Yes
6	0.019	0.0337	0.022	0.019		Yes
7	0.000	0	0.000	0.019		off
8	0.018	0.09535	0.023	0.015		Yes
9	0.018	0.08585	0.022	0.021		Yes
10	0.000	0.0509	0.023	0.021		Yes
11	0.018	0.37715	0.029	0.049		Yes
12	0.018	0.10705	0.025	0.020		Yes
13	0.018	0.03195	0.023	0.014		Yes
14	0.018	0.1461	0.022	0.022		Yes
15	0.018	0.0385	0.022	0.023		Yes
16	0.018	0.22035	0.022	0.021		Yes
17	0.017	0.72135	0.022	0.021		Yes
18	0.018	0.0306	0.022	0.021		Yes
19	0.018	0.14815	0.022	0.020		Yes
20	0.018	0.02395	0.022	0.028		Yes
21	0.000	0.1742	0.023	0.027		Yes
22	0.024	0.03415	0.023	0.021		Yes
23	0.018	0.01995	0.022	0.021		Yes
24	0.023	0.3116	0.022	0.022		Yes
25	0.018	0.02295	0.022	0.023		Yes
26	0.017	0.0217	0.022	0.021		Yes
27	0.021	0.28185	0.023	0.023		Yes
28	0.018	0.0279	0.022	0.029		Yes
29	0.018	0.03335	0.022	0.022		Yes
30	0.018	0.10975	0.022	0.015		Yes
31						

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 ≤ PDR_{Max}, LRV ≥ 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 ≤ PDR_{Max}?	$LRV_{ambient}$ ≥ LRC?
Yes	**Yes**	**Yes**	

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

SIGNATURE: **/S/ David Terrusa** **WT CERT #: 3960**

Notes: **PHONE #:** **09-Jul-25**

Revised 10/1/2024

♣ *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	1.180	70	82.6	10.9	7.51	22.1	YES	140	
2	1.008	70	70.5	11.6	7.54	21.0	YES	140	
3	1.324	70	92.7	10.7	7.56	23.2	YES	140	
4	1.024	70	71.6	11.8	7.56	21.0	YES		off
5	1.022	70	71.5	11.5	7.55	21.3	YES	140	
6	1.168	70	81.7	11.7	7.50	20.9	YES	140	
7	0.823	70	57.6	12.9	7.48	18.4	YES		off
8	0.796	70	55.7	12.7	7.41	18.1	YES	140	
9	1.163	70	81.4	12.7	7.47	19.2	YES	140	
10	0.809	70	56.6	13.6	7.46	17.4	YES	140	
11	0.893	70	62.5	12.3	7.47	19.3	YES	140	
12	1.225	70	85.7	12.9	7.51	19.5	YES	140	
13	0.927	70	64.9	12.0	7.52	20.1	YES	140	
14	0.925	70	64.8	11.0	7.54	21.6	YES	140	
15	1.154	70	80.8	10.8	7.52	22.4	YES	140	
16	1.033	70	72.3	12.1	7.52	20.2	YES	140	
17	1.104	70	77.3	12.1	7.51	20.4	YES	140	
18	1.198	70	83.9	11.8	7.46	20.6	YES	140	
19	0.970	70	67.9	11.8	7.50	20.3	YES	195	fire supression
20	1.052	70	73.7	11.2	7.51	21.4	YES	140	
21	0.785	70	55.0	11.7	7.50	20.0	YES	140	
22	0.835	70	58.5	11.1	7.43	20.5	YES	140	
23	0.935	70	65.4	11.2	7.46	20.8	YES	140	
24	0.744	70	52.1	12.8	7.48	18.3	YES	140	
25	1.169	70	81.8	12.0	7.49	20.5	YES	140	
26	0.824	70	57.7	12.2	7.49	19.5	YES	140	
27	0.809	70	56.6	12.3	7.47	19.1	YES	140	
28	1.190	70	83.3	12.1	7.45	20.1	YES	140	
29	0.890	70	62.3	12.8	7.46	18.4	YES	140	
30	0.884	70	61.9	13.2	7.41	17.6	YES	140	
31									

♦ 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

Revised 7/31/2023

Turbidity-Triggered Direct Integrity Test (DIT) Reporting Form

OHA - Drinking Water Services

To be used when IFE exceeds 0.15 NTU, and submitted to OHA-DWS ♠

Water System Name: **MAPLETON WATER DISTRICT**

David Terrusa 541-253-7556

Water System ID: **00507**

00507 Water System Profile on DataOnline

Treatment Plant ID: WTP- **A**

PDR_{Max} = maximum allowed pressure decay rate for a passing DIT

County: **LANE**

LRC = Log Removal Credit granted for filtration, $LRV_{ambient}$ must be ≥ LRC.

Month - Year: **Jun-25**

Date/Time and membrane unit(s) affected		Pressure Decay Rate (PDR) [$^{psi}/_{min}$]: **0.12**			LRC: **4.00**	
Date/Time	Membrane unit/skid/cell ID#	Turbidity level > 0.15 NTU resulting in DIT [NTU]	Corrective action	DIT Re-test Results [$^{psi}/_{min}$]	Return-to-service turbidity [NTU]	Return-to-service $LRV_{ambient}$ [log]

Monthly Summary

All return to service turbidity readings ≤ 0.15 NTU? (Enter Yes or No) ⇨	
All membrane units removed from service until a DIT passes? (Enter Yes or No) ⇨	
All return to service $LRV_{ambient}$ ≥ LRC? (Enter Yes or No) ⇨	

Name: **David Terrusa**

Signature: **/S/ David Terrusa** **Date:** **07/09/25**

Phone #: **541-253-7556** **WT Cert #:** **3960**

♠ OAR 333-061-0036(5)(d)(C)(iv) states that if indirect integrity monitoring includes turbidity and the filtrate turbidity readings are above 0.15 NTU for a period greater than 15 minutes (i.e., two consecutive 15-minute readings above 0.15 NTU), direct integrity testing in accordance with subparagraphs (5)(d)(B)(i) through (v) of this rule must immediately be performed on the associated membrane unit.

Return by 10th of following month by email, fax, or mail to:
dwp.dmce@odhsoha.oregon.gov; 971-673-0458; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350