OHA - DWS

Membrane Filter Monthly Operating Report

County: **LANE**

System Name: **MAPLETON WATER**

Month/Year: **Jul-2025**

PWS ID#: 41 - **00507**

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

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

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]
0.120	**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]	DIT Daily [Y/N] or "off"
1	0.018	0.02755	0.022	0.015		Y
2	0.018	0.0266	0.022	0.028		Y
3	0.018	0.4381	0.022	0.019		Y
4	0.020	0.02645	0.022	0.029		Y
5	0.017	0.02715	0.022	0.023		Y
6	0.017	0.0272	0.022	0.019		Y
7	0.017	0.1357	0.022	0.020		Y
8	0.018	0.02775	0.022	0.021		Y
9	0.017	0.02665	0.022	0.022		Y
10	0.017	0.10795	0.022	0.020		Y
11	0.017	0.04875	0.022	0.012		Y
12	0.018	0.06655	0.022	0.021		Y
13	0.018	0.547	0.022	0.019		Y
14	0.018	0.03155	0.022	0.020		Y
15	0.018	0.10285	0.022	0.015		Y
16	0.018	0.02255	0.022	0.022		Y
17	0.017	0.0261	0.022	0.021		Y
18	0.018	0.0295	0.022	0.019		Y
19	0.018	0.02995	0.022	0.015		Y
20	0.018	0.99745	0.022	0.021		Y
21	0.021	0.0248	0.022	0.029		Y
22	0.018	0.0235	0.022	0.027		Y
23	0.018	0.08195	0.022	0.022		Y
24	0.018	0.02435	0.023	0.021		Y
25	0.018	0.0298	0.022	0.014		Y
26	0.017	0.02465	0.022	0.012		Y
27	0.018	0.0641	0.022	0.015		Y
28	0.019	0.02415	0.022	0.022		Y
29	0.017	0.02245	0.022	0.021		Y
30	0.018	0.0447	0.022	0.018		Y
31	0.017	0.02975	0.022	0.022		Y

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:** 08/02/25

SIGNATURE: **/S/ David Terrusa** **WT CERT #:** **6930**

Notes: **PHONE #:** **(541) 253-7556**

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	1.174	70	82.1	13.2	7.46	18.6	YES	187	
2	0.831	70	58.2	13.3	7.55	18.3	YES	146	
3	0.799	70	55.9	13.3	7.47	17.8	YES	153	
4	1.218	70	85.3	12.7	7.46	19.3	YES	158	
5	1.216	70	85.1	12.2	7.41	19.8	YES	157	
6	0.870	70	60.9	13.1	7.54	18.6	YES	146	
7	0.862	70	60.4	13.3	7.43	17.7	YES	151	
8	1.193	70	83.5	13.4	7.53	18.9	YES	192	
9	1.188	70	83.1	13.1	7.42	18.5	YES	155	
10	0.844	70	59.0	13.9	7.41	16.8	YES	146	
11	1.155	70	80.9	13.7	7.41	17.6	YES	162	
12	1.210	70	84.7	13.7	7.41	17.8	YES	194	
13	1.051	70	73.6	14.1	7.40	16.8	YES	149	
14	0.990	70	69.3	14.5	7.43	16.5	YES	164	
15	0.835	70	58.4	15.2	7.43	15.4	YES	160	
16	1.141	70	79.8	13.9	7.50	17.9	YES	165	
17	1.178	70	82.4	14.0	7.58	18.5	YES	197	
18	1.492	70	104.5	13.7	7.56	19.4	YES	170	
19	1.289	70	90.2	13.5	7.58	19.2	YES	182	
20	1.208	70	84.5	15.6	7.56	16.5	YES	156	
21	1.503	70	105.2	13.5	7.47	18.9	YES	188	
22	1.321	70	92.4	13.1	7.47	19.2	YES	186	
23	1.211	70	84.8	14.0	7.46	17.7	YES	157	
24	1.254	70	87.8	13.7	7.42	17.9	YES	178	
25	1.184	70	82.9	13.6	7.46	18.0	YES	194	
26	1.241	70	86.9	13.6	7.41	17.9	YES	176	
27	1.015	70	71.0	13.8	7.46	17.6	YES	151	
28	1.269	70	88.8	13.2	7.38	18.2	YES	160	
29	1.250	70	87.5	13.4	7.38	17.9	YES	199	
30	1.087	70	76.1	14.1	7.40	16.9	YES	168	
31	1.429	70	100.0	14.2	7.42	17.6	YES	201	

♦ 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: **Jul-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) ⇨	**yes**
All membrane units removed from service until a DIT passes? (Enter Yes or No) ⇨	**yes**
All return to service $LRV_{ambient}$ ≥ LRC? (Enter Yes or No) ⇨	**yes**

Name: **David Terrusa**

Signature: **/S/ David Terrusa** **Date:** **08/02/25**

Phone #: **(541) 253-7556** **WT Cert #:** **6930**

♠ 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