OHA - DWS

Membrane Filter Monthly Operating Report

County: **LANE**

System Name: **MAPLETON WATER**

Month/Year: **Aug-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	0.02395	0.022	0.013		Y
2	0.018	0.0246	0.022	0.022		Y
3	0.018	0.07515	0.022	0.015		Y
4	0.019	0.0261	0.022	0.023		Y
5	0.018	0.0236	0.022	0.019		Y
6	0.018	0.0737	0.022	0.013		Y
7	0.018	0.0227	0.022	0.021		Y
8	0.017	0.06795	0.022	0.014		Y
9	0.017	0.02385	0.022	0.018		Y
10	0.018	0.06145	0.022	0.021		Y
11	0.018	0.0262	0.022	0.015		Y
12	0.017	0.0232	0.022	0.020		Y
13	0.017	0.0588	0.022	0.021		Y
14	0.017	0.03625	0.022	0.014		Y
15	0.021	0.02385	0.024	0.019		Y
16	0.020	0.05025	0.025	0.021		Y
17	0.018	0.04215	0.023	0.020		Y
18	0.018	0.02455	0.022	0.018		Y
19	0.019	0.02505	0.022	0.020		Y
20	0.018	0.0819	0.022	0.021		Y
21	0.021	0.0249	0.022	0.021		Y
22	0.018	0.10295	0.022	0.019		Y
23	0.018	0.04005	0.022	0.021		Y
24	0.017	0.0242	0.022	0.016		Y
25	0.017	0.0753	0.022	0.013		Y
26	0.017	0.0264	0.022	0.013		Y
27	0.018	0.04095	0.022	0.015		Y
28	0.019	0.03455	0.022	0.014		Y
29	0.019	0.0416	0.022	0.014		Y
30	0.018	0.0267	0.022	0.029		Y
31	0.027	0.0995	0.022	0.014		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:** **09/09/25**

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	1.582	70	110.7	14.5	7.49	18.0	YES	196	
2	1.353	70	94.7	14.3	7.45	17.5	YES	185	
3	1.080	70	75.6	14.6	7.35	16.1	YES	150	
4	1.407	70	98.5	13.5	7.42	18.4	YES	197	
5	1.326	70	92.8	13.2	7.45	18.9	YES	182	
6	1.125	70	78.7	14.5	7.31	16.1	YES	176	
7	1.292	70	90.4	14.1	7.25	16.5	YES	167	
8	1.015	70	71.0	14.1	7.44	17.1	YES	144	
9	1.360	70	95.2	13.8	7.42	17.9	YES	192	
10	1.085	70	75.9	14.4	7.40	16.6	YES	167	
11	1.343	70	94.0	14.9	7.31	16.0	YES	175	
12	1.329	70	93.0	15.0	7.42	16.5	YES	174	
13	1.032	70	72.3	15.2	7.45	15.9	YES	148	
14	1.214	70	85.0	15.0	7.43	16.3	YES	198	
15	0.631	70	44.2	14.9	7.23	14.3	YES	174	
16	0.423	70	29.6	14.9	7.08	13.2	YES	160	
17	0.958	70	67.0	14.9	7.49	16.4	YES	158	
18	1.724	70	120.7	14.1	7.55	19.3	YES	179	
19	1.377	70	96.4	13.8	7.59	19.1	YES	153	
20	1.323	70	92.6	14.0	7.42	17.6	YES	163	
21	1.756	70	122.9	13.7	7.56	19.9	YES	164	
22	1.411	70	98.8	14.5	7.51	17.8	YES	180	
23	1.756	70	122.9	14.3	7.52	18.9	YES	185	
24	1.758	70	123.0	14.4	7.51	18.7	YES	170	
25	1.474	70	103.2	14.6	7.51	17.8	YES	156	
26	1.766	70	123.6	14.6	7.51	18.5	YES	192	
27	1.616	70	113.1	14.6	7.57	18.5	YES	193	
28	1.677	70	117.4	13.6	7.60	20.2	YES	190	
29	1.688	70	118.2	13.7	7.63	20.3	YES	173	
30	1.952	70	136.6	13.5	7.58	20.8	YES	150	
31	1.957	70	137.0	13.6	7.53	20.3	YES	189	

♦ 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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