

OHA - DWS

Membrane Filter Monthly Operating Report

County: **LANE**

System Name: **MAPLETON WATER**

Month/Year: **Sep-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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 minutes)	PDR _{Max} [psi/min]	LRC [log removal]	DIT Daily
				0.120	4.00	
				Highest PDR of day [psi/min]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.024	0.02765	0.022	0.021		Y
2	0.017	0.0329	0.022	0.013		Y
3	0.017	0.0305	0.022	0.014		Y
4	0.018	0.9976	0.022	0.021		Y
5	0.018	0.0376	0.022	0.021		Y
6	0.017	0.0751	0.022	0.057		Y
7	0.018	0.10835	0.022	0.069		Y
8	0.018	0.0319	0.022	0.011		Y
9	0.019	0.03505	0.023	0.021		Y
10	0.018	0.0252	0.022	0.021		Y
11	0.023	0.05115	0.022	0.013		Y
12	0.020	0.0364	0.022	0.015		Y
13	0.018	0.0352	0.022	0.016		Y
14	0.019	0.07735	0.023	0.013		Y
15	0.018	0.03125	0.022	0.014		Y
16	0.018	0.0386	0.022	0.008		Y
17	0.018	0.02755	0.022	0.021		Y
18	0.018	0.9975	0.022	0.014		Y
19	0.018	0.0344	0.022	0.007		Y
20	0.019	0.0348	0.022	0.013		Y
21	0.018	0.02615	0.022	0.007		Y
22	0.019	0.0301	0.022	0.019		Y
23	0.018	0.0292	0.022	0.029		Y
24	0.022	0.02645	0.022	0.027		Y
25	0.025	0.0264	0.024	0.029		Y
26	0.018	0.02615	0.022	0.021		Y
27	0.018	0.026	0.022	0.028		Y
28	0.021	0.0273	0.022	0.022		Y
29	0.019	0.02705	0.023	0.022		Y
30	0.019	0.02745	0.023	0.027		Y
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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:** 10/08/25
SIGNATURE: /s/ David Terrusa **WT CERT #:** 6930
Notes: **PHONE #:** (541) 253-7556

Disinfection Monthly Operating ReportSystem 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 1 st 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	2.065	70	144.6	13.3	7.55	21.0	YES	157	
2	2.059	70	144.1	13.3	7.55	21.0	YES	163	
3	2.098	70	146.8	13.9	7.54	20.3	YES	156	
4	1.856	70	129.9	14.0	7.56	19.7	YES	182	
5	1.583	70	110.8	14.0	7.56	19.1	YES	171	
6	1.569	70	109.8	13.9	7.47	18.6	YES	151	
7	1.584	70	110.9	13.7	7.52	19.2	YES	163	
8	2.064	70	144.5	17.1	7.63	16.9	YES	158	
9	1.548	70	108.4	13.7	7.45	18.7	YES	180	
10	1.819	70	127.3	13.4	7.52	20.1	YES	147	
11	1.845	70	129.2	13.6	7.52	20.0	YES	191	
12	1.868	70	130.8	13.4	7.53	20.4	YES	150	
13	1.869	70	130.8	13.2	7.49	20.3	YES	154	
14	0.979	70	68.5	13.5	7.39	17.3	YES	197	
15	1.730	70	121.1	12.6	7.58	21.6	YES	152	
16	2.001	70	140.1	12.4	7.54	22.3	YES	171	
17	2.045	70	143.2	13.0	7.51	21.1	YES	146	
18	1.975	70	138.2	12.9	7.54	21.4	YES	174	
19	1.921	70	134.5	12.7	7.53	21.4	YES	151	
20	2.064	70	144.5	12.5	7.55	22.2	YES	188	
21	1.809	70	126.6	12.5	7.54	21.5	YES	156	
22	1.973	70	138.1	12.0	7.57	23.0	YES	156	
23	1.766	70	123.6	11.8	7.19	20.0	YES	194	
24	2.043	70	143.0	12.1	7.47	22.3	YES	174	
25	2.039	70	142.7	12.0	7.48	22.5	YES	206	
26	2.055	70	143.8	11.1	7.58	24.7	YES	192	
27	2.079	70	145.5	11.2	7.57	24.6	YES	158	
28	2.085	70	145.9	11.8	7.55	23.5	YES	174	
29	1.344	70	94.1	12.2	7.44	20.3	YES	179	
30	1.025	70	71.7	11.9	7.44	20.0	YES	149	
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* 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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