

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **LANE**

System Name: **MAPLETON WATER**

Month/Year: **Dec-2025**

PWS ID#: 41 - **00507**

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

Plant ID: WTP - **A**

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

(e.g., "A")

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<sub>Max</sub>** [<sup>psi</sup>/<sub>min</sub>]

**LRC** [log removal]

**0.093**

**4.00**

**DIT**

**Daily**

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 minutes)	Highest PDR of day [ <sup>psi</sup> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.018	0.0184	0.022	0.019		Y
2	0.019	0.02985	0.022	0.028		Y
3	0.018	0.0186	0.022	0.021		Y
4	0.019	0.01935	0.023	0.015		Y
5	0.019	0.0269	0.023	0.016		Y
6	0.018	0.02395	0.023	0.021		Y
7	0.020	0.0721	0.023	0.021		Y
8	0.019	0.01955	0.023	0.021		Y
9	0.019	0.0198	0.023	0.016		Y
10	0.018	0.0402	0.022	0.027		Y
11	0.018	0.01855	0.022	0.021		Y
12	0.018	0.0191	0.022	0.022		Y
13	0.018	0.0821	0.022	0.021		Y
14	0.018	0.0203	0.022	0.016		Y
15	0.019	0.0409	0.023	0.020		Y
16	0.018	0.0214	0.023	0.020		Y
17	0.020	0.02255	0.023	0.015		Y
18	0.018	0.02165	0.023	0.023		Y
19	0.018	0.0641	0.023	0.027		Y
20	0.018	0.0649	0.022	0.023		Y
21	0.018	0.0394	0.022	0.022		Y
22	0.019	0.02005	0.022	0.020		Y
23	0.018	0.0282	0.022	0.019		Y
24	0.018	0.0684	0.022	0.016		Y
25	0.018	0.0761	0.022	0.015		Y
26	0.046	0.0768	0.022	0.019		Y
27	0.018	0.0724	0.022	0.015		Y
28	0.019	0.051	0.035	0.021		Y
29	0.018	0.0649	0.022	0.021		Y
30	0.018	0.0952	0.022	0.022		Y
31	0.018	0.0884	0.022	0.036		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 <sub>Max</sub> , LRV ≥ LRC)	DIT Daily?
<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
CT's met daily? (p. 2)	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR <sub>Max</sub> ?	LRV <sub>ambient</sub> ≥ LRC?	
<b>Yes</b>	<b>Yes</b>	<b>Yes</b>		

**PRINTED NAME:** Dave Terrusa      **DATE:** 01/09/25  
**SIGNATURE:** /s/ Dave Terrusa      **WT CERT #:** 6930  
**Notes:**      **PHONE #:** 541 253 7556

\* Used for optimization purposes only.

**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 <sub>2</sub> Residual at 1 <sup>st</sup> 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	2.041	70	142.9	15.1	7.72	20.0	YES	143	
2	1.941	70	135.8	13.9	7.59	20.2	YES	148	
3	2.367	70	165.7	13.2	7.70	23.1	YES	148	
4	2.149	70	150.4	13.1	7.65	22.4	YES	148	
5	1.744	70	122.1	16.0	7.48	16.5	YES	133	
6	2.284	70	159.9	14.7	7.57	19.8	YES	141	
7	2.268	70	158.7	15.5	7.63	19.2	YES	146	
8	2.217	70	155.2	15.2	7.56	19.0	YES	142	
9	1.624	70	113.7	15.2	7.34	16.3	YES	142	
10	1.494	70	104.6	14.6	7.32	16.6	YES	163	
11	2.707	70	189.5	15.3	7.56	19.9	YES	166	
12	2.345	70	164.2	14.5	7.61	20.6	YES	165	
13	2.329	70	163.0	13.6	7.58	21.5	YES	164	
14	2.375	70	166.3	14.0	7.62	21.5	YES	127	
15	1.811	70	126.8	14.6	7.50	18.5	YES	163	
16	1.803	70	126.2	14.2	7.56	19.3	YES	153	
17	1.388	70	97.2	13.9	7.44	18.0	YES	173	
18	2.040	70	142.8	13.8	7.60	20.8	YES	173	
19	1.653	70	115.7	12.3	7.42	20.7	YES	181	
20	2.896	70	202.7	13.8	7.67	23.5	YES	183	
21	2.477	70	173.4	13.9	7.62	21.8	YES	182	
22	2.384	70	166.9	14.0	7.64	21.6	YES	154	
23	2.159	70	151.1	14.3	7.58	20.2	YES	153	
24	2.403	70	168.2	14.1	7.61	21.2	YES	153	
25	2.371	70	166.0	14.0	7.64	21.5	YES	153	
26	2.560	70	179.2	13.6	7.68	22.9	YES	153	
27	2.381	70	166.7	14.0	7.66	21.8	YES	153	
28	2.646	70	185.2	13.0	7.71	24.4	YES	153	
29	2.559	70	179.1	12.6	7.44	22.4	YES	154	
30	2.483	70	173.8	12.5	7.50	23.1	YES	153	
31	2.714	70	190.0	12.0	7.55	24.8	YES	154	

\* 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 10<sup>th</sup> of following month by**

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

email: [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov)

fax: 971-673-0458