

OHA - DWS

Membrane Filter Monthly Operating Report

County: **LANE**

System Name: **DISTRICT**

Month/Year: **Feb-2026**

PWS ID#: 41 - **00507**

Minimum test pressure applied: **20.4** 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 _{Max} [psi/min]	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 [psi/min]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.023	0.08425	0.022	0.021		Y
2	0.023	0.03545	0.022	0.013		Y
3	0.023	0.0591	0.022	0.013		Y
4	0.023	0.05715	0.022	0.020		Y
5	0.023	0.0566	0.022	0.023		Y
6	0.023	0.02695	0.022	0.023		Y
7	0.024	0.07415	0.022	0.020		Y
8	0.023	0.0593	0.022	0.020		Y
9	0.023	0.0978	0.022	0.028		Y
10	0.031	0.1129	0.022	0.027		Y
11	0.018	0.10535	0.022	0.043		Y
12	0.018	0.0372	0.022	0.033		Y
13	0.018	0.02505	0.022	0.026		Y
14	0.018	0.02465	0.022	0.035		Y
15	0.017	0.11825	0.022	0.027		Y
16	0.017	0.0214	0.022	0.049		Y
17	0.017	0.1222	0.022	0.023		Y
18	0.019	0.0616	0.022	0.013		Y
19	0.018	0.0495	0.022	0.020		Y
20	0.018	0.1084	0.022	0.027		Y
21	0.019	0.0631	0.022	0.020		Y
22	0.019	0.0317	0.022	0.015		Y
23	0.019	0.04765	0.022	0.018		Y
24	0.018	0.0489	0.022	0.015		Y
25	0.019	0.05125	0.022	0.027		Y
26	0.018	0.0257	0.022	0.021		Y
27	0.019	0.0233	0.022	0.020		Y
28	0.018	0.1112	0.022	0.013		Y
29						
30						
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: **DAVE TERRUSA**

DATE: **09 MAR 2026**

SIGNATURE: *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 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	1.564	70	109.5	12.9	7.54	20.4	YES	141	
2	1.950	70	136.5	13.1	7.63	21.6	YES	141	
3	1.898	70	132.9	13.0	7.55	21.1	YES	141	
4	1.921	70	134.4	13.2	7.53	20.8	YES	140	
5	1.914	70	134.0	12.7	7.55	21.6	YES	141	
6	1.766	70	123.6	12.6	7.51	21.0	YES	141	
7	1.184	70	82.9	13.0	7.45	18.8	YES	141	
8	1.794	70	125.6	13.7	7.53	19.8	YES	141	
9	1.879	70	131.5	13.3	7.54	20.6	YES	141	
10	1.746	70	122.2	13.2	7.53	20.3	YES	141	
11	2.210	70	154.7	12.5	7.58	22.8	YES	142	
12	2.193	70	153.5	9.4	7.56	28.0	YES	172	
13	2.053	70	143.7	12.3	7.57	22.8	YES	171	
14	2.116	70	148.1	13.0	7.62	22.2	YES	171	
15	2.212	70	154.8	13.9	7.62	21.1	YES	171	
16	1.628	70	113.9	11.8	7.53	22.1	YES	171	
17	1.503	70	105.2	9.4	7.44	24.8	YES	172	
18	1.299	70	90.9	11.6	7.44	20.9	YES	161	
19	1.648	70	115.3	10.6	7.45	23.4	YES	162	
20	1.670	70	116.9	9.4	7.45	25.4	YES	161	
21	1.493	70	104.5	10.8	7.45	22.6	YES	151	
22	1.230	70	86.1	11.6	7.46	20.9	YES	161	
23	1.699	70	118.9	11.8	7.44	21.7	YES	160	
24	1.733	70	121.3	7.3	7.45	29.4	YES	161	
25	2.048	70	143.3	6.3	7.53	33.6	YES	181	
26	2.199	70	153.9	5.7	7.59	36.4	YES	195	
27	2.177	70	152.4	5.8	7.59	36.2	YES	196	
28	2.036	70	142.5	8.2	7.86	33.4	YES	160	
29									
30									
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

DRT
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