

OHA - Drinking Water Services -Turbidity Monitoring Report Form
 Conventional or Direct Filtration

County: Lane
 Month/Year: Apr-21
 WTP: TP - A

System Name: Mapleton Water District ID#: 41-00507

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day ¹ [NTU]
1	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2	OFF	OFF	0.03	0.07	0.03	0.04	0.07
3	0.03	0.03	OFF	OFF	OFF	OFF	0.03
4	OFF	OFF	OFF	OFF	OFF	OFF	OFF
5	OFF	OFF	0.03	0.03	OFF	OFF	0.03
6	OFF	OFF	OFF	0.03	0.03	0.03	0.03
7	0.03	0.03	0.03	0.03	OFF	OFF	0.03
8	OFF	OFF	OFF	OFF	OFF	OFF	OFF
9	OFF	OFF	0.03	0.03	0.03	0.03	0.03
10	0.03	0.03	0.03	OFF	OFF	OFF	0.03
11	OFF	OFF	OFF	OFF	OFF	OFF	OFF
12	OFF	OFF	OFF	0.03	0.03	0.03	0.03
13	0.03	0.03	0.03	0.03	OFF	OFF	0.03
14	OFF	OFF	OFF	OFF	0.03	0.03	0.03
15	0.03	0.03	OFF	OFF	OFF	OFF	0.03
16	OFF	OFF	0.03	0.03	0.03	0.03	0.03
17	0.03	0.03	0.03	0.03	OFF	OFF	0.03
18	OFF	OFF	OFF	OFF	OFF	OFF	OFF
19	OFF	OFF	OFF	OFF	0.03	0.03	0.03
20	0.03	0.03	0.03	0.03	OFF	OFF	0.03
21	OFF	OFF	OFF	OFF	OFF	OFF	OFF
22	OFF	OFF	OFF	0.03	0.03	0.03	0.03
23	0.03	0.03	0.03	0.03	OFF	OFF	0.03
24	OFF	OFF	OFF	OFF	OFF	OFF	OFF
25	OFF	OFF	OFF	OFF	OFF	OFF	OFF
26	OFF	OFF	0.03	0.03	0.03	0.03	0.03
27	0.03	0.03	0.03	0.03	OFF	OFF	0.03
28	0.03	0.03	0.03	0.03	OFF	OFF	0.03
29	OFF	OFF	OFF	0.03	0.03	0.03	0.03
30	0.03	0.03	0.03	OFF	OFF	OFF	0.03
31							

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	Yes / No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	Yes / No	Yes / No	Yes / No
All turbidity readings < IFE ² triggers	Yes / No		

Notes: Darrel Lockard
 SIGNATURE: *Darrel Lockard* DATE: 5-10-21
 541/222-9997 CERT #: 2853

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. ² IFE = Indivd. Filter Eff. (393-061-0040(1)(e)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: **Mapleton Water District** ID#: **41-00507** Month/Year: **1-Apr** WTP - : **Disinfection Giardia Log Inactiv:0.5** **1**

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1	OFF		#VALUE!			#VALUE!		OFF
2	1.57	70	109.9	8.0	7.70	60.3	yes	70
3	1.44	70	100.8	8.0	8.20	71.2	yes	70
4	OFF		#VALUE!			#VALUE!		OFF
5	1.34	70	93.8	7.0	8.20	75.4	yes	70
6	1.57	70	109.9	8.0	7.81	62.7	yes	70
7	1.55	70	108.5	8.6	7.94	63.0	yes	70
8	OFF		#VALUE!			#VALUE!	yes	
9	1.58	70	110.6	8.1	7.78	61.7	yes	70
10	1.58	70	110.6	8.1	7.76	61.3	yes	70
11	OFF		#VALUE!			#VALUE!		OFF
12	1.57	70	109.9	8.1	7.64	58.6	yes	70
13	1.57	70	109.9	8.4	7.66	57.8	yes	70
14	1.66	70	109.2	9.3	7.53	51.9	yes	70
15	1.57	70	109.9	8.0	7.93	65.5	yes	70
16	1.56	70	109.2	8.5	7.80	60.4	yes	70
17	1.57	70	109.9	10.4	7.44	46.8	yes	70
18	OFF		#VALUE!			#VALUE!		OFF
19	1.56	70	109.2	9.1	7.61	54.1	yes	70
20	1.57	70	109.9	10.0	7.41	47.5	yes	70
21	OFF		#VALUE!			#VALUE!		OFF
22	1.66	70	109.2	9.4	7.41	49.4	yes	70
23	1.57	70	109.9	9.7	7.60	51.9	yes	70
24	OFF		#VALUE!			#VALUE!		OFF
25	OFF		#VALUE!			#VALUE!		OFF
26	1.56	70	109.2	9.7	7.57	51.2	yes	70
27	1.55	70	108.5	9.0	7.84	59.1	yes	70
28	1.53	70	107.1	9.0	7.44	51.1	yes	70
29	1.55	70	108.5	9.7	7.78	55.2	yes	70
30	1.57	70	109.9	10.2	7.53	48.9	yes	70
31		70					yes	

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.