

County: Lane *Mar 2023*

OHA - Drinking Water Program – Turbidity Monitoring Report Form
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

System Name: MAPLETON WATER DISTRICT ID #: OR4100507 WTP:- WTP-A Month/Year: **Jan 2023**

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day [NTU]
1	.042	.042	.042	.042	.042	.042	.042
2	.042	.042	.042	.043	.043	.043	.043
3	.043	.043	.043	.043	.043	.043	.043
4	.044	.044	.044	.044	CIP	OFF	.044
5	OFF	OFF	OFF	.050	.043	.043	.050
6	.043	.043	.043	.043	.043	.043	.043
7	.043	.043	.043	.043	.043	.044	.044
8	.044	.044	.044	.044	.044	.044	.044
9	.044	.044	.044	.044	.044	.044	.044
10	.044	.044	.044	.044	.044	.044	.044
11	.044	.044	.044	CIP	.044	.044	.044
12	.044	.044	.044	.044	.044	.044	.044
13	.044	.044	.044	.045	.045	.045	.045
14	.045	.045	.045	.045	.045	.045	.045
15	.045	.045	.045	.045	.045	.045	.045
16	.045	.045	.045	.045	.045	.045	.045
17	.045	.046	.046	.046	.046	.046	.046
18	.046	.046	.046	.046	.046	.046	.046
19	.046	.046	.046	CIP	CIP	.046	.046
20	.046	.046	.046	.047	OFF	OFF	.047
21	OFF	OFF	OFF	.047	.047	.047	.047
22	.047	.047	.047	.047	.047	.047	.047
23	.047	.047	.047	.047	.047	.047	.047
24	.047	.047	.047	.047	.048	.048	.048
25	.048	.048	.048	.048	.048	.048	.048
26	.049	.049	.049	.049	.049	.049	.049
27	.049	.049	.049	.049	.049	.049	.049
28	.049	.049	.049	.049	.049	.049	.049
29	.049	.049	.049	.049	.049	.050	.050
30	.050	.050	.050	.050	.050	.050	.050
31	.051	.051	.051	.051	.051	.051	.051

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Notes:	PRINTED NAME: David Terrusa	
	SIGNATURE: Digitally signed	DATE: 2/10/23
	PHONE #: (541) 253-7556	CERT #: 6930

Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum. ² Filtered systems only.

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - : WTP-D

System Name: Mapleton Water District ID#: 41 00507	Month/Year:	Disinfection Giardia Log Inactiv:	0.5
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Date	Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT C x T	Temp	pH	Required CT	CT Met? ³ Yes or No	Peak Hourly Demand Flow
		[ppm or mg/L]	[minutes]	formula	[° C]		formula	formula	[GPM]
1	9:00 AM	1.54	70	107.8	9.1	8.3	35.0	Yes	138
2	9:00AM	1.54	70	107.8	8.6	8.8	43.1	Yes	134
3	9:00AM	1.54	70	107.8	9.2	8.8	41.4	Yes	131
4		1.51	70	105.7	9.3	8.6	38.0	Yes	129
5		1.53	70	107.1	8.4	7.2	24.4	Yes	133
6		1.54	70	107.8	8.9	8.3	35.0	Yes	142
7		1.54	70	107.8	9.1	8.2	33.4	Yes	136
8		1.42	70	99.4	9.0	8.5	37.1	Yes	140
9		1.49	70	104.3	9.1	7.9	29.9	Yes	127
10		1.49	70	104.3	8.9	8.0	31.2	Yes	141
11		1.52	70	106.4	8.1	7.9	32.0	Yes	133
12		1.54	70	107.8	9.1	8.6	38.7	Yes	135
13		1.49	70	104.3	8.1	8.6	41.2	Yes	135
14		1.57	70	109.9	7.1	7.9	34.5	Yes	131
15		1.54	70	107.8	6.6	8.4	42.7	Yes	137
16		1.54	70	107.8	6.6	8.9	51.4	Yes	135
17		1.54	70	107.8	6.6	7.9	35.5	Yes	135
18		1.53	70	107.1	6.6	8.4	42.7	Yes	136
19		1.53	70	107.1	6.6	8.8	49.5	Yes	138
20		1.54	70	107.8	6.9	8.8	48.5	Yes	138
21		1.54	70	107.8	5.4	8.8	53.9	Yes	139
22		1.54	70	107.8	5.2	8.2	43.7	Yes	133
23		1.54	70	107.8	6.5	8.3	41.3	Yes	134
24		1.53	70	107.1	8.2	8.2	35.5	Yes	140
25		1.54	70	107.8	8.1	8.1	34.5	Yes	137
26		1.54	70	107.8	8.3	7.9	31.6	Yes	137
27		1.54	70	107.8	8.1	8.0	33.3	Yes	136
28		1.53	70	107.1	8.3	7.8	30.5	Yes	134
29		1.54	70	107.8	8.1	7.9	32.1	Yes	138
30		1.54	70	107.8	8.2	8.1	34.3	Yes	141
31		1.53	70	107.1	8.2	8.2	35.5	Yes	140

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

Revised October 2013