

OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Walloway
 Cartridge or Bag Filtration

System Name: LAKESHORE WTR & DEVELOP CO-OP ID #: OR4194169 WTP: WTP-A Month/Year: 4 2021

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day [NTU]
1	0	0	0	25		37
2						41
3						49
4						77
5						1.19
6						1.97
7						81
8						37
9						55
10						77
11						60
12						75
13						84
14						67
15						38
16						49
17						69
18						72
19						87
20						93
21						74
22						93
23						1.02
24						84
25						79
26						38
27						27
28						49
29						72
30						89
31						

Cartridge Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	Yes/No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes/No	Yes/No	Yes/No
Notes: PSI = pounds per square inch PSID = pounds per square inch difference (before filter - after filter) PSID When to Change Filter = Manufacturer's recommendation; may need to look in manual for manufacturer's specifications when to change the filter, at what PSID.		PRINTED NAME: James Burton	DATE: 5-4-2021
		SIGNATURE: [Signature]	CERT #:
		PHONE #: (541) 432-8106	

Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in "Daily Turbidity Reading" Column may not correspond to continuous readings' maximum.

OHA - Drinking Water Services - Surface Water Quality Data Form

System Name: Lake Shore Wtr. Dev. ID#: 41 Month/Year: 4-2021
 WTP: A
 Disinfection Giardia Log 1
 Inactiv:

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ²	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ²	Peak Hourly Demand Flow
	[ppm or mg/l]	[minutes]	C X T	[°C]		formula	Yes / No	[GPM]
1	.4	1400	560	7	7.6	48	Y	10
2	.7	1400	560	7	7.4	48	Y	10
3	.4	1400	560	7	7.6	48	Y	10
4	.4	1400	560	7	7.5	48	Y	10
5	.4	1400	560	7	7.2	48	Y	10
6	.4	1400	560	7	7.5	48	Y	10
7	.4	1400	560	7	7.5	48	Y	10
8	.4	1400	560	7	7.6	48	Y	10
9	.4	1400	560	7	7.3	48	Y	10
10	.4	1400	560	7	7.6	48	Y	10
11	.4	1400	560	7	7.4	48	Y	10
12	.4	1400	560	7	7.5	48	Y	10
13	.4	1400	560	8	7.3	48	Y	10
14	.4	1400	560	8	7.2	48	Y	10
15	.4	1400	560	8	7.2	48	Y	10
16	.5	1400	700	8	7.7	48	Y	10
17	.5	1400	700	8	7.6	48	Y	10
18	.5	1400	700	8	7.4	48	Y	10
19	.5	1400	700	7	7.5	48	Y	10
20	.4	1400	560	7	7.3	48	Y	10
21	.4	1400	560	7	7.1	48	Y	10
22	.4	1400	560	7	7.5	48	Y	10
23	.5	1400	700	7	7.4	48	Y	10
24	.5	1400	700	7	7.2	48	Y	10
25	.5	1400	700	8	7.6	48	Y	10
26	.5	1400	700	8	7.6	48	Y	10
27	.5	1400	700	8	7.3	48	Y	10
28	.5	1400	700	8	7.4	48	Y	10
29	.5	1400	700	8	7.3	48	Y	10
30	.5	1400	700	8	7.5	48	Y	10
31								

² If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Return by 10th of following month by email, fax, or mail to:
 dw@dnce.state.or.us, 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

Revised July 2018