

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

System Name: LAKESHORE WTR & DEVELOP CO-OP ID #: OR4194169 WTP: WTP-A Month/Year: 5-2021

| DAY | PSI Before Filter | PSI After Filter | PSID | PSID When to Change Filter | Daily Turbidity Reading [NTU] | Highest Reading of the Day ¹ [NTU] |
|-----|-------------------|------------------|------|----------------------------|-------------------------------|---|
| 1 | 9 | 10 | 10 | 25 | | .91 |
| 2 | | 10 | 10 | | | 1.84 |
| 3 | | 10 | 10 | | | .23 |
| 4 | | 10 | 10 | | | .47 |
| 5 | | 10 | 10 | | | .39 |
| 6 | | 12 | 12 | | | .41 |
| 7 | | 12 | 12 | | | .50 |
| 8 | | 12 | 12 | | | .84 |
| 9 | | 12 | 12 | | | .75 |
| 10 | | 13 | 13 | | | .67 |
| 11 | | 13 | 13 | | | .29 |
| 12 | | 16 | 16 | | | .39 |
| 13 | | 16 | 16 | | | .55 |
| 14 | | 16 | 16 | | | .92 |
| 15 | | 16 | 16 | | | .74 |
| 16 | | 20 | 20 | | | .61 |
| 17 | | 20 | 20 | | | .73 |
| 18 | | 20 | 20 | | | .43 |
| 19 | | 22 | 22 | | | .37 |
| 20 | | 22 | 22 | | | .87 |
| 21 | | 25 | 25 | | | .99 |
| 22 | | 25 | 25 | | | .48 |
| 23 | CHANGED | 0 | 0 | | | 1.09 |
| 24 | FILTER | 0 | 0 | | | .39 |
| 25 | | 0 | 0 | | | .57 |
| 26 | | 0 | 0 | | | .69 |
| 27 | | 0 | 0 | | | .89 |
| 28 | | 0 | 0 | | | .76 |
| 29 | | 0 | 0 | | | .61 |
| 30 | | 0 | 0 | | | .40 |
| 31 | | 0 | 0 | | | .85 |

| | | | |
|--|----------------------|---|---|
| Cartridge Filtration | | Monthly Summary (Answer Yes or No) | |
| 95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU? | Yes / No Yes / No | CT's met everyday? (see back) Yes / No | All Cl ₂ residual at entry point ≥ 0.2 mg/l? 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 | |
| | | SIGNATURE: | |
| | | DATE: 5-2021 | |
| | | PHONE #: (541) 432-8106 | CERT #: |

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

WTP: **A**

System Name: **Lake Shore Wtr. Dev. ^{Corp} ID#: 41 OR4194169** Month/Year: **5-2021**

Disinfection Giardia Log Inactiv: **1**

| 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 | 8 | 7.6 | 48 | Y | 10 |
| 2 | .4 | 1400 | 560 | 8 | 7.6 | 48 | Y | 10 |
| 3 | .4 | 1400 | 560 | 8 | 7.4 | 48 | Y | 10 |
| 4 | .4 | 1400 | 560 | 8 | 7.3 | 48 | Y | 10 |
| 5 | .4 | 1400 | 560 | 8 | 7.3 | 48 | Y | 10 |
| 6 | .4 | 1400 | 560 | 8 | 7.6 | 48 | Y | 10 |
| 7 | .4 | 1400 | 560 | 8 | 7.0 | 48 | Y | 10 |
| 8 | .4 | 933 | 373 | 7 | 7.4 | 48 | Y | 15 |
| 9 | .4 | 933 | 373 | 7 | 7.6 | 48 | Y | 15 |
| 10 | .5 | 933 | 466 | 7 | 7.5 | 48 | Y | 15 |
| 11 | .5 | 1400 | 700 | 7 | 7.4 | 48 | Y | 10 |
| 12 | .5 | 933 | 466 | 8 | 7.4 | 48 | Y | 15 |
| 13 | .5 | 700 | 350 | 8 | 7.6 | 48 | Y | 20 |
| 14 | .5 | 700 | 350 | 8 | 7.5 | 48 | Y | 20 |
| 15 | .5 | 700 | 350 | 8 | 7.1 | 48 | Y | 20 |
| 16 | .5 | 700 | 350 | 8 | 7.6 | 48 | Y | 20 |
| 17 | .5 | 935 | 466 | 8 | 7.4 | 48 | Y | 15 |
| 18 | .5 | 700 | 350 | 8 | 7.3 | 48 | Y | 20 |
| 19 | .5 | 560 | 280 | 8 | 7.4 | 48 | Y | 25 |
| 20 | .5 | 700 | 350 | 8 | 7.6 | 48 | Y | 20 |
| 21 | .5 | 560 | 280 | 8 | 7.4 | 48 | Y | 25 |
| 22 | .5 | 560 | 280 | 8 | 7.2 | 48 | Y | 25 |
| 23 | .5 | 560 | 280 | 8 | 7.6 | 48 | Y | 25 |
| 24 | .5 | 700 | 350 | 8 | 7.5 | 48 | Y | 20 |
| 25 | .5 | 700 | 350 | 8 | 7.1 | 48 | Y | 20 |
| 26 | .5 | 700 | 350 | 8 | 7.6 | 48 | Y | 25 |
| 27 | .5 | 700 | 350 | 8 | 7.4 | 48 | Y | 25 |
| 28 | .5 | 700 | 350 | 8 | 7.3 | 48 | Y | 25 |
| 29 | .5 | 700 | 350 | 8 | 7.3 | 48 | Y | 25 |
| 30 | .5 | 700 | 350 | 8 | 7.4 | 48 | Y | 25 |
| 31 | .5 | 700 | 350 | 7 | 7.5 | 48 | Y | 25 |

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

Revised July 2018

Return by 10th of following month by email, fax, or mail to:

dws.dws@state.or.us; 971-873-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350