

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: 9-2021

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	0	0	0	25		.87
2						.64
3						.67
4						.43
5						.49
6						.77
7						.81
8						.46
9						.58
10						.59
11						.41
12						.98
13						.55
14						.70
15						.39
16						.57
17						.87
18						.29
19						.58
20						.73
21						.59
22						.48
23						.72
24						.44
25						.57
26						.82
27						.91
28						.78
29						.53
30						.88
31						.93

<p>Cartridge Filtration</p> <p>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</p> <p>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.</p>	<p style="text-align: center;">Monthly Summary (Answer Yes or No)</p> <p>CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>All Cl₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <hr/> <p>PRINTED NAME: James Burton</p> <p>SIGNATURE: </p> <p>DATE: 9-9-2021</p> <hr/> <p>PHONE #: (541) 432-8106</p> <p>CERT #:</p>
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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. Co.** ID#: **41** Month/Year: **8, 2021**
OR4194169

Disinfection
Giardia Log
Inactiv: **1**

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ² (ppm or mg/L)	Contact Time (T) (minutes)	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ² Yes / No	Peak Hourly Demand Flow (GPM)
1	.5	400	206	7	7.2	46		35
2	.5	350	175	7	7.6	46		40
3	.5	350	175	7	7.5	46		40
4	.6	400	240	7	7.0	46		35
5	.6	280	168	7	7.4	48		50
6	.6	255	153	7	7.4	48		35
7	.5	280	140	7	7.0	46		50
8	.5	311	155	7	7.4	46		45
9	.5	311	155	7	7.2	46		45
10	.5	280	140	7	7.2	46		50
11	.5	311	155	7	7.6	46		45
12	.5	233	116	7	7.3	46		60
13	.5	255	116	7	7.1	46		55
14	.5	350	175	7	7.6	46		40
15	.6	311	186	7	7.2	48		45
16	.6	350	210	7	7.2	48		40
17	.6	350	210	7	7.4	46		40
18	.6	280	168	7	7.5	48		50
19	.5	311	155	7	7.2	46 46		45
20	.5	255	127	7	7.4	46		55
21	.5	233	116	7	7.2	46		60
22	.5	280	140	7	7.6	46		55
23	.5	280	140	7	7.5	46		50
24	.5	280	140	7	7.7	46		50
25	.5	350	175	7	7.6	46		40
26	.5	280	140	7	7.6	46		50
27	.5	280	140	7	7.2	46		50
28	.5	280	140	7	7.3	46		50
29	.5	350	175	7	7.2	46		40
30	.5	311	155	7	7.1	46		45
31	.5	311	155	7	7.5	46		45

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:

Revised July 2018

dwp.dmce@state.or.us; 971-673-0894; or Drinking Water Services, P.O. Box 14350, Portland, OR 97203-0350