

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Wallawa

Cartridge or Bag Filtration

Month/Year: 12 2021

12-2021

System Name: Lake Shore Wtr & Dev Co ID#: OR 4194169 WTP ID: TP: A

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				25		42
2						58
3						37
4						29
5						39
6						44
7						46
8						55
9						51
10						36
11						62
12						35
13						49
14						61
15						72
16						45
17						55
18						34
19						50
20						85
21						94
22						40
23						73
24						34
25						92
26						54
27						77
28						33
29						82
30						29
31						48

<p>Cartridge & Bag Filtration</p> <p>95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p>		<p>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>	
<p>Notes: PSI = pounds per square inch</p> <p>PSID = pounds per square inch difference (before filter - after filter)</p> <p>PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter, at what PSI</p>		<p>PRINTED NAME: <u>D Annis Burton</u></p> <p>SIGNATURE: <u>[Signature]</u> DATE: <u>1-10-2022</u></p> <p>PHONE #: <u>(541) 432-8106</u> CERT #:</p>	

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in Daily Turbidity Reading column may not correspond to continuous readings' maximum.

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WTP: A

System Name: Lake Shore Wtr & Dev. Corp. ID# 41 OR4194169 Month/Year: 12-2021

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	7	7.6	46	Y	10
2	.4	1400	560	7	7.5	46	Y	10
3	.4	1400	560	7	7.6	46	Y	10
4	.4	1400	560	7	7.1	46	Y	10
5	.4	1400	560	7	7.3	46	Y	10
6	.4	1400	560	7	6.9	46	Y	10
7	.4	1400	560	7	7.5	46	Y	10
8	.4	1400	560	7	7.4	46	Y	10
9	.4	1400	560	7	7.3	46	Y	10
10	.4	1400	560	7	7.8	46	Y	10
11	.4	1400	560	7	7.6	46	Y	10
12	.4	1400	560	7	7.5	46	Y	10
13	.4	1400	560	7	7.3	46	Y	10
14	.4	1400	560	7	7.2	46	Y	10
15	.4	1400	560	7	7.6	46	Y	10
16	.4	1400	560	7	7.6	46	Y	10
17	.4	1400	560	7	7.2	46	Y	10
18	.4	1400	560	7	7.5	46	Y	10
19	.4	1400	560	7	7.4	46	Y	10
20	.4	1400	560	7	7.2	46	Y	10
21	.4	1400	560	7	7.6	46	Y	10
22	.4	1400	560	7	7.3	46	Y	10
23	.4	1400	560	7	7.3	46	Y	10
24	.4	1400	560	7	7.6	46	Y	10
25	.4	1400	560	7	7.4	46	Y	10
26	.4	1400	560	7	7.5	46	Y	10
27	.4	1400	560	7	7.7	46	Y	10
28	.4	1400	560	7	7.6	46	Y	10
29	.4	1400	560	7	7.2	46	Y	10
30	.4	1400	560	7	7.3	46	Y	10
31	.4	1400	560	7	7.2	46	Y	10

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:

dwp.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350