

OHA - Drinking Water Services - Surface Water Quality Data Form

County:

Wallawag

Cartridge or Bag Filtration

Month/Year:

09 2022

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		.47
2						.38
3						.91
4						.84
5						.43
6						.81
7						.37
8						.99
9						.75
10						.49
11						.82
12						.63
13						.38
14						.91
15						.87
16						.39
17						.78
18						.84
19						.72
20						.79
21						.45
22						.69
23						.40
24						.85
25						.67
26						.35
27						.67
28						.48
29						.92
30						.77
31						

Cartridge & Bag Filtration

95% of daily turbidity readings ≤ 1 NTU?

Yes/No

All daily turbidity readings ≤ 5 NTU?

Yes/No

Monthly Summary (Answer Yes or No)

CT's met everyday?
(see back)

Yes/No

All Cl2 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 = look in manual for manufacturer's specifications when to change the filter, at what PSID.

PRINTED NAME:

SIGNATURE:

PHONE #:

DATE:

CERT #:

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.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP: A

Disinfection
Giardia Log
Inactiv:

1

System Name: Lake Shore Wtr & Dev.

ID#: 41
024194169

Month/Year: 9-2022

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	.5	350	175	8	7.4	46	Y	40
2	.5	311	156	8	7.4	46	Y	45
3	.5	350	175	8	7.6	46	Y	40
4	.5	400	200	8	7.5	46	Y	35
5	.5	350	175	8	7.4	46	Y	40
6	.5	311	156	8	7.5	46	Y	45
7	.5	400	200	8	7.3	46	Y	35
8	.5	350	175	8	7.5	46	Y	40
9	.5	350	175	8	7.4	46	Y	40
10	.5	400	200	8	7.6	46	Y	35
11	.5	350	175	8	7.5	46	Y	40
12	.5	311	156	8	7.3	46	Y	45
13	.5	280	140	8	7.2	46	Y	50
14	.5	350	175	8	7.3	46	Y	40
15	.5	350	175	8	7.3	46	Y	40
16	.5	400	200	8	7.5	46	Y	35
17	.5	350	175	8	7.5	46	Y	40
18	.5	400	200	8	7.4	46	Y	30
19	.5	560	280	8	7.3	46	Y	25
20	.5	560	280	8	7.4	46	Y	25
21	.5	560	280	8	7.3	46	Y	25
22	.5	700	350	8	7.5	46	Y	20
23	.5	560	280	8	7.7	46	Y	25
24	.5	467	233	8	7.5	46	Y	30
25	.5	560	280	8	7.4	46	Y	25
26	.5	560	280	8	7.5	46	Y	25
27	.5	700	350	8	7.4	46	Y	20
28	.5	700	350	8	7.6	46	Y	20
29	.5	700	350	8	7.3	46	Y	20
30	.5	700	350	8	7.3	46	Y	20
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:

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