

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Wallawa

Cartridge or Bag Filtration

Month/Year: 12-2024



System Name: Lake Shore Wtr & Sewer Co ID#: DR4194169 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	0	0	0	25		.78
2						.84
3						.67
4						.38
5						.55
6						.64
7						.81
8						.38
9						.92
10						.41
11						.39
12						.79
13						.48
14						.88
15						.60
16						.54
17						.49
18						.67
19						.69
20						.88
21						.71
22						.35
23						.45
24						.84
25						.51
26						.72
27						.93
28						.73
29						.56
30						.43
31						

<p>Cartridge & Bag Filtration</p> <p>95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No</p> <p>All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No</p>		<p>Monthly Summary (Answer Yes or No)</p> <p>CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No</p> <p>All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> 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 PSID.</p>		<p>PRINTED NAME: <u>JAMES DUKTON</u></p> <p>SIGNATURE: <u>[Signature]</u> DATE: <u>12-10-2024</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
Disinfection Giardia Log Inactiv: 1

System Name: **Lake Shore Wtr & Dev.** ID#: **41 024194169** Month/Year: **12-2024**

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

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