

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Wallawa

Cartridge or Bag Filtration

Month/Year: 1/2025

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						.83
3						.87
4						.72
5						.38
6						.55
7						.69
8						.43
9						.91
10						.38
11						.78
12						.81
13						.37
14						.51
15						.48
16						.72
17						.79
18						.85
19						.33
20						.81
21						.39
22						.44
23						.38
24						.70
25						.62
26						.48
27						.31
28						.59
29						.80
30						.29
31						.49

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**

System Name:

Lake Shore Wtr & Dev.

ID#: 41

024194169

Month/Year:

2025

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	7.3	44	Y	10
2	.4	1400	560	7	7.3	44	Y	10
3	.4	1400	560	7	7.6	44	Y	10
4	.4	1400	560	7	7.4	44	Y	10
5	.4	1400	560	7	7.6	44	Y	10
6	.4	1400	560	7	7.3	44	Y	10
7	.4	1400	560	7	7.7	44	Y	10
8	.4	1400	560	7	7.6	44	Y	10
9	.4	1400	560	7	7.4	44	Y	10
10	.4	1400	560	7	7.4	44	Y	10
11	.4	1400	560	7	7.3	44	Y	10
12	.4	1400	560	7	7.3	44	Y	10
13	.4	1400	560	7	7.4	44	Y	10
14	.4	1400	560	7	7.1	44	Y	10
15	.4	1400	560	7	7.5	44	Y	10
16	.4	1400	560	7	7.6	44	Y	10
17	.4	1400	560	7	7.4	44	Y	10
18	.4	1400	560	7	7.5	44	Y	10
19	.4	1400	560	7	7.6	44	Y	10
20	.4	1400	560	7	7.6	44	Y	10
21	.4	1400	560	7	7.4	44	Y	10
22	.4	1400	560	7	7.3	44	Y	10
23	.4	1400	560	7	7.6	44	Y	10
24	.4	1400	560	7	7.4	44	Y	10
25	.4	1400	560	7	7.5	44	Y	10
26	.4	1400	560	7	7.3	44	Y	10
27	.4	1400	560	7	7.6	44	Y	10
28	.4	1400	560	7	7.3	44	Y	10
29	.4	1400	560	7	7.5	44	Y	10
30	.4	1400	560	7	7.5	44	Y	10
31	.4	1400	560	7	7.5	44	Y	10

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

Revised July 2018