

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Wallawa

Cartridge or Bag Filtration

Month/Year:

System Name:	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the day ¹ [NTU]
<u>Lake Shore Wtr & Dev. Co.</u>						
ID#: <u>OR 4194169</u>						
WTP ID: <u>TP-A</u>						
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	20	0	20	25		45
2	20	0	20	2		71
3	20	0	20			44
4	25	0	25			67
5	0					36
6						29
7						47
8						66
9						60
10						55
11						91
12						82
13						38
14						93
15						72
16						45
17						51
18						85
19						57
20						64
21						82
22						73
23						58
24						94
25						1.04
26						60
27						79
28						43
29						51
30						59
31						

CHANGED CARTRIDGE FILTERS

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	Yes / No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes / No	Yes / No	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: <u>James Burton</u> SIGNATURE: <u>[Signature]</u> PHONE #: <u>(541) 432-8106</u>	
		DATE: <u>6-10-2025</u> 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.

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WTP: ASystem Name: Lake Shore Wtr & Dev. ID#: 41 OR4194169

Month/Year:

Disinfection
Giardia Log
Inactiv:

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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	1.5	311	155	8	7.4	46	Y	45
2	1.5	311	155	8	7.5	46	Y	75
3	1.5	350	175	8	7.5	46	Y	40
4	1.5	311	155	8	7.4	46	Y	45
5	1.5	280	140	8	7.6	46	Y	50
6	1.5	280	140	8	7.4	46	Y	50
7	1.5	280	140	8	7.6	46	Y	50
8	1.5	311	155	8	7.3	46	Y	45
9	1.5	240	140	8	7.6	46	Y	50
10	1.5	255	127	8	7.4	46	Y	55
11	1.5	350	175	8	7.5	46	Y	40
12	1.5	350	175	8	7.4	46	Y	40
13	1.5	311	155	8	7.6	46	Y	45
14	1.5	350	175	8	7.3	46	Y	40
15	1.5	350	175	8	7.5	46	Y	40
16	1.5	400	200	8	7.4	46	Y	35
17	1.5	350	175	8	7.4	46	Y	40
18	1.5	350	175	8	7.3	46	Y	40
19	1.6	350	210	8	7.5	48	Y	40
20	1.6	400	240	8	7.6	48	Y	35
21	1.6	350	210	8	7.4	48	Y	40
22	1.6	311	186	8	7.5	48	Y	45
23	1.6	311	186	8	7.3	48	Y	45
24	1.6	311	186	8	7.4	48	Y	45
25	1.5	311	155	8	7.4	46	Y	45
26	1.5	350	175	8	7.3	46	Y	40
27	1.5	350	175	8	7.4	46	Y	40
28	1.5	280	140	8	7.4	46	Y	50
29	1.5	311	155	8	7.4	46	Y	45
30	1.5	280	140	8	7.6	46	Y	50
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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; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350