OHA - Drinking Water Services - Surface Water Quality Data Form

Cartridge or Bag Filtration

County: Wallowa

Month/Year: 11-2025

System Name: Lake Shore Wtr & Dev. Co-Op ID#: OR4194169 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		.34
2						.67
3						.93
4						.44
5						.49
6						.69
7						.38
8						.91
9						.87
10						.42
11						.58
12						.75
13						~~.57~~ .54
14						~~.57~~ .57
15						.88
16						.31
17						.97
18						.48
19						.75
20						.68
21						.33
22						.51
23						.65
24						~~.52~~ .52
25						.83
26						.34
27						.72
28						.78
29						.99
30						.38
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)	All Cl2 residual at entry point ≥ 0.2 mg/l?
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: James Burton

SIGNATURE: [signature] DATE: 12/10 2025

PHONE #: (541) 432-8106 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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System Name: Lake Shore Wtr & Dev. Co-op ID#: 41 OR4194169	Month/Year: 11-2025	Disinfection *Giardia* Log Inactiv:	1

WTP-: A

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	8	7.4	46	Y	10
2	.4	1400	560	8	7.4	46	Y	10
3	.4	1400	560	8	7.4	46	Y	10
4	.4	1400	560	8	7.3	46	Y	10
5	.4	1400	560	8	7.4	46	Y	10
6	.4	1400	560	8	7.6	46	Y	10
7	.4	1400	560	8	7.5	46	Y	10
8	.4	1400	560	8	7.5	46	Y	10
9	.4	1400	560	8	7.5	46	Y	10
10	.4	1400	560	8	7.4	46	Y	10
11	.4	1400	560	8	7.4	46	Y	10
12	.5	1400	700	8	7.6	46	Y	10
13	.5	1400	700	8	7.6	46	Y	10
14	.5	1400	700	8	7.6	46	Y	10
15	.5	1400	700	8	7.4	46	Y	10
16	.5	1400	700	8	7.3	46	Y	10
17	.5	1400	700	8	7.2	46	Y	10
18	.5	1400	700	8	7.3	46	Y	10
19	.4	1400	560	8	7.4	46	Y	10
20	.4	1400	560	8	7.4	46	Y	10
21	.4	1400	560	8	7.4	46	Y	10
22	.4	1400	560	8	7.3	46	Y	10
23	.4	1400	560	8	7.4	46	Y	10
24	.4	1400	560	8	7.4	46	Y	10
25	.4	1400	560	8	7.3	46	Y	10
26	.4	1400	560	8	7.4	46	Y	10
27	.4	1400	560	8	7.4	46	Y	10
28	.4	1400	560	8	7.4	46	Y	10
29	.4	1400	560	8	7.3	46	Y	10
30	.4	1400	560	8	7.4	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