

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Walla Walla

Cartridge or Bag Filtration

Month/Year: 2 2021

Day	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the day <sup>1</sup> [NTU]
1	0	0	0	25		38
2						77
3						37
4						41
5						94
6						55
7						81
8						38
9						52
10						73
11						79
12						52
13						47
14						37
15						70
16						58
17						79
18						69
19						87
20						51
21						39
22						44
23						29
24						58
25						75
26						83
27						71
28						89
29						91
30						
31						

<p><b>Cartridge &amp; Bag Filtration</b></p> <p>95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p>		<p><b>Monthly Summary (Answer Yes or No)</b></p> <p>CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> 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 Buerki</u></p> <p>SIGNATURE: <u>[Signature]</u></p> <p>PHONE #: <u>(541) 432-8106</u></p> <p>DATE: <u>2-1-2021</u></p> <p>CERT #:</p>	

<sup>1</sup> 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. <sup>Corp</sup>** ID#: **41** OR# **194169** Month/Year: **2-2021**

Disinfection  
Giardia Log  
Inactive: **1**

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	.4	1400	560	7	6.9	48	Y	10
2	.4	1400	560	7	7.4	48	Y	10
3	.4	1400	560	7	7.6	48	Y	10
4	.4	1400	560	7	7.5	48	Y	10
5	.4	1400	560	7	7.7	48	Y	10
6	.4	1400	560	7	7.5	48	Y	10
7	.4	1400	560	7	7.2	48	Y	10
8	.4	1400	560	7	7.2	48	Y	10
9	.4	1400	560	7	7.3	48	Y	10
10	.4	1400	560	7	7.2	48	Y	10
11	.5	1400	700	7	7.4	48	Y	10
12	.5	1400	700	6	7.2	48	Y	10
13	.5	1400	700	6	7.3	48	Y	10
14	.5	1400	700	6	7.3	48	Y	10
15	.5	1400	700	7	7.4	48	Y	10
16	.5	1400	700	7	7.4	48	Y	10
17	.4	1400	560	7	7.6	48	Y	10
18	.4	1400	560	7	7.1	48	Y	10
19	.4	1400	560	7	7.2	48	Y	10
20	.4	1400	560	7	7.4	48	Y	10
21	.3	1400	420	7	7.3	48	Y	10
22	.3	1400	420	7	7.4	48	Y	10
23	.3	1400	420	7	7.5	48	Y	10
24	.4	1400	560	7	7.6	48	Y	10
25	.4	1400	560	7	7.5	48	Y	10
26	.4	1400	560	7	7.5	48	Y	10
27	.4	1400	560	7	7.6	48	Y	10
28	.4	1400	560	7	7.2	48	Y	10
29								
30								
31								

<sup>2</sup> If Cl<sub>2</sub> 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

Revised July 2018