

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Walla Walla

Cartridge or Bag Filtration

Month/Year: 6 2021

System Name: Lake Shore Wtr & Dev Co ID#: OR 41 94169 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	10	10	25		49
2		10	10			41
3		10	10			28
4		13	12			84
5		12	12			71
6		12	12			66
7		14	14			79
8		14	14			73
9		14	14			77
10		17	14			39
11		16	16			81
12		16	16			44
13		16	16			72
14		18	16			93
15		16	18			48 908
16		20	20			91
17		20	20			98
18		20	20			29
19		0	0			55
20		0	0			59
21		0	0			37
22		0	0			67
23		0	0			58
24		0	0			47
25		0	0			32
26		0	0			57
27		0	0			25
28		0	0			60
29		0	0			89
30		0	0			41
31		0	0			

CHANGED FILTERS

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No
All daily turbidity readings ≤ 5 NTU?	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l?	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> 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>AMIE BURTON</u>	DATE: <u>7-9-2021</u>
		SIGNATURE: <u>[Signature]</u>	PHONE #: <u>(541) 432-8106</u>
			CERT #:

¹Including 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. ^{68P} ID#: 41 024194169**

Month/Year: **6-2021**

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	.5	560	280	8	7.2	48	Y	25
2	.5	467	233	8	7.4	48	Y	30
3	.5	467	233	8	7.2	48	Y	30
4	.5	560	280	8	7.2	48	Y	25
5	.5	350	175	8	7.3	48	Y	40
6	.5	560	280	8	7.0	48	Y	25
7	.5	467	233	8	7.2	48	Y	30
8	.5	467	233	8	7.6	48	Y	30
9	.5	400	200	8	7.3	48	Y	35
10	.5	350	175	8	7.2	48	Y	40
11	.5	400	200	8	7.3	48	Y	35
12	.5	350	175	8	7.6	48	Y	40
13	.5	350	175	8	7.2	48	Y	40
14	.5	400	200	8	7.3	48	Y	35
15	.5	350	175	8	7.5	48	Y	40
16	.5	311	155	8	7.4	48	Y	45
17	.5	311	155	8	7.2	48	Y	45
18	.5	400	200	8	7.3	48	Y	35
19	.5	467	233	8	7.5	48	Y	30
20	.5	400	200	8	6.9	48	Y	35
21	.5	467	233	8	7.3	48	Y	30
22	.5	350	175	8	7.4	48	Y	40
23	.5	350	175	8	7.3	48	Y	40
24	.5	311	155	8	7.0	48	Y	45
25	.5	467	233	8	7.5	48	Y	30
26	.5	467	233	8	7.2	48	Y	30
27	.5	350	175	8	7.3	48	Y	40
28	.5	350	175	8	7.3	48	Y	40
29	.5	350	175	8	7.3	48	Y	40
30	.5	311	155	8	7.4	48	Y	45
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:

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