

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Walla Walla

Cartridge or Bag Filtration

Month/Year: 11-2021

| 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 | | | | 26 | | .37 |
| 2 | | | | | | .47 |
| 3 | | | | | | .60 |
| 4 | | | | | | .39 |
| 5 | | | | | | .84 |
| 6 | | | | | | .71 |
| 7 | | | | | | .66 |
| 8 | | | | | | .39 |
| 9 | | | | | | .73 |
| 10 | | | | | | .29 |
| 11 | | | | | | .38 |
| 12 | | | | | | .55 |
| 13 | | | | | | .72 |
| 14 | | | | | | .91 |
| 15 | | | | | | .32 |
| 16 | | | | | | .66 |
| 17 | | | | | | .78 |
| 18 | | | | | | .42 |
| 19 | | | | | | .79 |
| 20 | | | | | | .87 |
| 21 | | | | | | .50 |
| 22 | | | | | | .44 |
| 23 | | | | | | .34 |
| 24 | | | | | | .85 |
| 25 | | | | | | .73 |
| 26 | | | | | | .38 |
| 27 | | | | | | .62 |
| 28 | | | | | | .57 |
| 29 | | | | | | .23 23 |
| 30 | | | | | | .91 |
| 31 | | | | | | |

Cartridge & Bag Filtration

95% of daily turbidity readings ≤ 1 NTU?

Yes / No

All daily turbidity readings ≤ 5 NTU?

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

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

PRINTED NAME: JAMES BURTON

SIGNATURE: [Signature]

DATE: 11/10/2021

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.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP.: A

System Name: Lake Shore Wtr: Dev. ⁶⁸ ID#: 41 OR4194169

Month/Year: 11-2021

Disinfection Giardia Log Inactiv: 1

| Date / Time | Minimum Cl ₂ Residual at 1st User (C) ² (ppm or mg/L) | Contact Time (T) (minutes) | Actual CT C X T | Temp [° C] | pH | Required CT formula | Cl Met? ² | | Peak Hourly Demand Flow [GPM] |
|-------------|--|-------------------------------|--------------------|---------------|-----|------------------------|----------------------|----|----------------------------------|
| | | | | | | | Yes | No | |
| 1 | .4 | 1400 | 560 | 7 | 7.3 | 48 | Y | | 10 |
| 2 | .4 | 1400 | 560 | 7 | 7.6 | 48 | Y | | 10 |
| 3 | .4 | 1400 | 560 | 7 | 7.4 | 48 | Y | | 10 |
| 4 | .4 | 1400 | 560 | 7 | 7.6 | 48 | Y | | 10 |
| 5 | .4 | 1400 | 560 | 7 | 7.0 | 48 | Y | | 10 |
| 6 | .4 | 1400 | 560 | 7 | 7.7 | 48 | Y | | 10 |
| 7 | .4 | 1400 | 560 | 7 | 7.6 | 48 | Y | | 10 |
| 8 | .4 | 1400 | 560 | 7 | 7.3 | 48 | Y | | 10 |
| 9 | .4 | 1400 | 560 | 7 | 7.4 | 48 | Y | | 10 |
| 10 | .4 | 1400 | 560 | 7 | 7.4 | 48 | Y | | 10 |
| 11 | .4 | 1400 | 560 | 7 | 7.7 | 48 | Y | | 10 |
| 12 | .4 | 1400 | 560 | 7 | 7.2 | 48 | Y | | 10 |
| 13 | .4 | 1400 | 560 | 7 | 7.4 | 48 | Y | | 10 |
| 14 | .4 | 1400 | 560 | 7 | 7.1 | 48 | Y | | 10 |
| 15 | .4 | 1400 | 560 | 7 | 7.3 | 48 | Y | | 10 |
| 16 | .4 | 1400 | 560 | 7 | 7.2 | 48 | Y | | 10 |
| 17 | .4 | 1400 | 560 | 7 | 7.4 | 48 | Y | | 10 |
| 18 | .4 | 1400 | 560 | 7 | 7.9 | 48 | Y | | 10 |
| 19 | .4 | 1400 | 560 | 7 | 7.6 | 48 | Y | | 10 |
| 20 | .4 | 1400 | 560 | 7 | 7.7 | 48 | Y | | 10 |
| 21 | .4 | 1400 | 560 | 7 | 7.6 | 48 | Y | | 10 |
| 22 | .4 | 1400 | 560 | 7 | 7.5 | 48 | Y | | 10 |
| 23 | .4 | 1400 | 560 | 7 | 7.6 | 48 | Y | | 10 |
| 24 | .4 | 1400 | 560 | 7 | 7.5 | 48 | Y | | 10 |
| 25 | .4 | 1400 | 560 | 7 | 7.7 | 48 | Y | | 10 |
| 26 | .4 | 1400 | 560 | 7 | 7.3 | 48 | Y | | 10 |
| 27 | .4 | 1400 | 560 | 7 | 7.2 | 48 | Y | | 10 |
| 28 | .4 | 1400 | 560 | 7 | 7.5 | 48 | Y | | 10 |
| 29 | .4 | 1400 | 560 | 7 | 7.5 | 48 | Y | | 10 |
| 30 | .4 | 1400 | 560 | 7 | 7.4 | 48 | Y | | 10 |
| 31 | | | | | | | | | |

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:

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

Revised July 2018