

OHA - Drinking Water Services - Surface Water Quality Data Form

Cartridge or Bag Filtration

County: Walla Walla

Month/Year: 1-2022

System Name: Lake Shore Wtr & Sewer Co

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		.47
2						.69
3						.38
4						.55
5						.94
6						1.11
7						.82
8						.72
9						.75
10						.44
11						.50
12						.73
13						.51
14						.58
15						.49
16						.69
17						.88
18						.59
19						.33
20						.78
21						.35
22						.54
23						.93
24						1.04
25						.66
26						.31
27						.54
28						.48
29						.85
30						.91
31						.39

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) Yes / No
 All Cl₂ residual at entry point ≥ 0.2 mg/l? 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: 1-9-2022
 PHONE #: (541) 432-8106 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.

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System Name: Lake Shore Wtr & Dev. Co. ID# 41 024194169 Month/Year: 1-2022 WTP: A
 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	.4	1400	560	8	7.3	46	Y	10
2	.4	1400	560	8	7.3	46	Y	10
3	.4	1400	560	8	7.5	46	Y	10
4	.4	1400	560	8	7.6	46	Y	10
5	.4	1400	560	8	7.5	46	Y	10
6	.4	1400	560	7	7.2	46	Y	10
7	.4	1400	560	7	7.4	46	Y	10
8	.5	1400	700	7	7.4	46	Y	10
9	.5	1400	700	7	7.3	46	Y	10
10	.5	1400	700	7	7.6	46	Y	10
11	.5	1400	700	7	7.6	46	Y	10
12	.4	1400	560	7	7.3	46	Y	10
13	.4	1400	560	7	7.4	46	Y	10
14	.4	1400	560	7	7.1	46	Y	10
15	.4	1400	560	7	7.3	46	Y	10
16	.4	1400	560	7	7.1	46	Y	10
17	.4	1400	560	7	7.4	46	Y	10
18	.4	1400	560	7	7.3	46	Y	10
19	.4	1400	560	7	7.2	46	Y	10
20	.4	1400	560	7	7.2	46	Y	10
21	.4	1400	560	7	7.1	46	Y	10
22	.4	1400	560	7	7.5	46	Y	10
23	.4	1400	560	7	7.1	46	Y	10
24	.4	1400	560	7	7.4	46	Y	10
25	.4	1400	560	7	7.6	46	Y	10
26	.4	1400	560	7	7.6	46	Y	10
27	.4	1400	560	7	7.5	46	Y	10
28	.4	1400	560	7	7.6	46	Y	10
29	.4	1400	560	7	7.6	46	Y	10
30	.4	1400	560	7	7.5	46	Y	10
31	.4	1400	560	7	7.5	46	Y	10

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: dwp.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350
 Revised July 2018