

OHA - Drinking Water Services - Surface Water Quality Data Form

Cartridge or Bag Filtration

County: Walla Walla
 Month/Year: 4-2022

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		.31
2						.94
3						.38
4						.33
5						.51
6						.81
7						.94
8						.75
9						.62
10						.78
11						.39
12						.55
13						.79
14						.44
15						.38
16						.59
17						.27
18						.49
19						.88
20						.82
21						.93
22						.78
23						.52
24						.37
25						.48
26						.27
27						.94
28						.69
29						.52
30						.75
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) 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: ARND BURTON
 SIGNATURE: [Signature] DATE: 5-10-2022
 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. ⁶⁸ ID#: 41 OR 4194169 Month/Year: 11-2022 WTP: A
 Disinfection 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	7	7.8	46	Y	10
2	.4	1400	560	7	7.4	46	Y	10
3	.4	1400	580	7	7.5	46	Y	10
4	.4	1400	560	7	7.6	46	Y	10
5	.4	1400	560	7	7.5	46	Y	10
6	.4	1400	560	7	7.5	46	Y	10
7	.4	1400	560	8	7.5	46	Y	10
8	.4	1400	560	8	7.4	46	Y	10
9	.4	1400	560	8	7.3	46	Y	10
10	.4	1400	560	8	7.1	46	Y	10
11	.4	1400	560	8	7.6	46	Y	10
12	.4	1400	560	7	7.5	46	Y	10
13	.5	1400	700	7	7.6	46	Y	10
14	.5	1400	700	7	7.2	46	Y	10
15	.5	1700	700	7	7.6	46	Y	10
16	.5	1400	700	7	7.5	46	Y	10
17	.5	1700	700	7	7.4	46	Y	10
18	.5	1400	700	8	7.1	46	Y	10
19	.5	1400	700	8	7.7	46	Y	10
20	.5	1400	700	8	7.6	46	Y	10
21	.5	1400	700	8	7.5	46	Y	10
22	.5	1400	700	8	7.3	46	Y	10
23	.5	1400	700	8	7.5	46	Y	10
24	.5	1400	700	8	7.4	46	Y	10
25	.5	1400	700	8	7.6	46	Y	10
26	.5	1400	700	7	7.5	46	Y	10
27	.5	1400	700	7	7.6	46	Y	10
28	.5	1400	700	7	7.1	46	Y	10
29	.5	1400	700	7	7.3	46	Y	10
30	.5	1400	700	7	7.6	46	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: dwp.dmco@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

Revised July 2018