

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Walla Walla

Cartridge or Bag Filtration

Month/Year: 6-2022

System Name: Lake Shore Wtr & Dev. Co. ID#: OR 4194169 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						.38
3						1.24
4						.97
5						.84
6						.57
7						.48
8						.87
9						.93
10						.77
11						.39
12						1.10
13						.89
14						.77
15						.92
16						.45
17						.35
18						.49
19						.69
20						.61
21						.33
22						.74
23						.93
24						.70
25						.41
26						.65
27						.85
28						.43
29						.72
30						.48
31						

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	Yes / No <u>Yes</u>	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes / No <u>Yes</u>	Yes / No <u>Yes</u>	Yes / No <u>No</u>
Notes: PSI = pounds per square inch		PRINTED NAME: <u>JAMES BUETOW</u>	
PSID = pounds per square inch difference (before filter - after filter)		SIGNATURE: <u>[Signature]</u>	DATE: <u>7-10-2022</u>
PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter, at what PSID.		PHONE #: <u>(541) 432-8106</u>	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. Co. ID#: 41 024194169**

Month/Year: **8 - 2022**

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	700	350	8	7.4	46	Y	20
2	.5	560	280	8	7.5	46	Y	25
3	.5	560	280	8	7.8	46	Y	25
4	.5	467	233	8	7.7	46	Y	30
5	.5	560	280	8	7.4	46	Y	25
6	.5	467	233	8	7.5	46	Y	30
7	.5	700	350	8	7.7	46	Y	20
8	.5	560	280	8	7.4	46	Y	25
9	.5	467	233	8	7.5	46	Y	30
10	.5	560	280	8	7.2	46	Y	25
11	.5	560	280	8	7.3	46	Y	25
12	.5	560	280	8	7.3	46	Y	25
13	.5	560	280	8	7.6	46	Y	25
14	.5	467	233	8	7.9	46	Y	30
15	.5	700	350	8	7.7	46	Y	20
16	.5	560	280	8	7.2	46	Y	25
17	.5	467	233	8	7.1	46	Y	30
18	.5	560	280	8	7.3	46	Y	25
19	.5	560	280	8	7.7	46	Y	25
20	.5	467	233	8	7.3	46	Y	30
21	.5	560	280	8	7.4	46	Y	25
22	.5	400	200	8	7.3	46	Y	35
23	.5	400	200	8	7.2	46	Y	35
24	.5	560	280	8	7.3	46	Y	25
25	.5	700	350	8	7.4	46	Y	20
26	.5	560	280	8	7.3	46	Y	25
27	.5	467	233	8	7.7	46	Y	30
28	.5	467	233	8	7.6	46	Y	30
29	.5	467	233	8	7.6	46	Y	30
30	.5	467	233	8	7.5	46	Y	30
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.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

Revised July 2018