

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Walla Walla

Cartridge or Bag Filtration

Month/Year: 11-2022

System Name: Lake Shore Wtr & Sewer Co. ID#: DR4194169 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 <sup>1</sup> [NTU]
1	0	0	0	25		.47
2						.84
3						.38
4						1.07
5						1.03
6						.98
7						.71
8						.64
9						.93
10						.70
11						.36
12						.55
13						.81
14						.39
15						.84
16						.92
17						.69
18						.93
19						.47
20						.35
21						.99
22						.89
23						.34
24						.43
25						.84
26						.77
27						.50
28						.94
29						.65
30						.52
31						

<p><b>Cartridge &amp; Bag Filtration</b></p> <p>95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p>		<p><b>Monthly Summary (Answer Yes or No)</b></p> <p>CTs met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p>	
<p>Notes: PSI = pounds per square inch</p> <p>PSID = pounds per square Inch difference (before filter - after filter)</p> <p>PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter, at what PSID.</p>		<p>PRINTED NAME: <u>AMBER BURTON</u></p> <p>SIGNATURE: <u>[Signature]</u> DATE: <u>12/8/2022</u></p> <p>PHONE #: <u>(509) 432-8106</u> CERT #:</p>	

<sup>1</sup> 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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WTP: **A**

System Name: **Lake Shore Wtr & Dev. <sup>EP</sup>** ID#: 41 **024194169**

Month/Year: **11 2022**

Disinfection **Giardia Log Inactiv:** **1**

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[°C]		formula	Yes / No	[GPM]
1	.4	1400	560	7	7.3	46	Y	10
2	.4	1400	560	7	7.5	46	Y	10
3	.4	1400	560	7	7.7	46	Y	10
4	.4	1400	560	7	7.3	46	Y	10
5	.4	1400	560	7	7.4	46	Y	10
6	.4	1400	560	7	7.5	46	Y	10
7	.4	1400	560	7	7.6	46	Y	10
8	.4	1400	560	6	7.5	46	Y	10
9	.4	1400	560	6	7.4	46	Y	10
10	.4	1400	560	6	7.5	46	Y	10
11	.4	1400	560	6	7.5	46	Y	10
12	.4	1400	560	6	7.7	46	Y	10
13	.4	1400	560	7	7.6	46	Y	10
14	.4	1400	560	7	7.3	46	Y	10
15	.4	1400	560	7	7.3	46	Y	10
16	.4	1400	560	7	7.4	46	Y	10
17	.4	1400	560	7	7.4	46	Y	10
18	.4	1400	560	7	7.2	46	Y	10
19	.4	1400	560	6	7.3	46	Y	10
20	.4	1400	560	6	7.5	46	Y	10
21	.4	1400	560	6	7.0	46	Y	10
22	.4	1400	560	6	7.5	46	Y	10
23	.4	1400	560	7	7.5	46	Y	10
24	.4	1400	560	7	7.4	46	Y	10
25	.4	1400	560	7	7.4	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	7.4	46	Y	10
29	.4	1400	560	7	7.4	46	Y	10
30	.4	1400	560	7	7.6	46	Y	10
31								

<sup>2</sup> If Cl<sub>2</sub> 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:

[dws.dnce@state.or.us](mailto:dws.dnce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

Revised July 2018