

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Walla Walla

Cartridge or Bag Filtration

Month/Year: 7-2023

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				25		.44
2						.73
3						.41
4						.48
5						.93
6						.84
7						.38
8						.43
9						.65
10						.72
11						.49
12						.44
13						.37
14						.29
15						.48
16						.63
17						.71
18						.82
19						.38
20						.55
21						.51
22						.49
23						.39
24						.87
25						.57
26						.68
27						.41
28						.64
29						.37
30						.46
31						.83

<b>Cartridge &amp; Bag Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> 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: <u>Andy Bureau</u>	
SIGNATURE: <u>[Signature]</u>	DATE: <u>3-10-2023</u>
PHONE #: <u>(541) 432-8106</u>	CERT #:

<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.** ID#: **41 024194169**

Month/Year: **1-2023**

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]	CXT	[°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	7.1	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	7	7.6	46	Y	10
8	.4	1400	560	7	7.3	46	Y	10
9	.4	1400	560	7	7.2	46	Y	10
10	.4	1400	560	7	7.4	46	Y	10
11	.4	1400	560	7	7.5	46	Y	10
12	.4	1400	560	7	7.5	46	Y	10
13	.4	1400	560	7	7.3	46	Y	10
14	.4	1400	560	7	7.1	46	Y	10
15	.4	1400	560	7	7.6	46	Y	10
16	.5	1400	700	7	7.3	46	Y	10
17	.5	1400	700	7	7.4	46	Y	10
18	.5	1400	700	7	7.4	46	Y	10
19	.5	1400	700	7	7.5	46	Y	10
20	.5	1400	700	7	7.3	46	Y	10
21	.5	1400	700	7	7.2	46	Y	10
22	.5	1400	700	7	7.6	46	Y	10
23	.5	1400	700	7	7.5	46	Y	10
24	.5	1400	700	7	7.4	46	Y	10
25	.5	1400	700	7	7.2	46	Y	10
26	.5	1400	700	7	7.6	46	Y	10
27	.5	1400	700	7	7.5	46	Y	10
28	.5	1400	700	7	7.5	46	Y	10
29	.5	1400	700	7	7.5	46	Y	10
30	.5	1400	700	7	7.3	46	Y	10
31	.5	1400	700	7	7.2	46	Y	10

Revised July 2018

<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:

dwp.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14360, Portland, OR 97293-0360