

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Walla Walla

Cartridge or Bag Filtration

Month/Year: 2-2025

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		139
2						71
3						39
4						42
5						68
6						69
7						64
8						37
9						98
10						72
11						31
12						44
13						73
14						48
15						55
16						77
17						37
18						62
19						61
20						69
21						69
22						77
23						91
24						1.03
25						62
26						61
27						67
28						42
29						198
30						
31						

<p>Cartridge & Bag Filtration</p> <p>95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No</p>		<p>Monthly Summary (Answer Yes or No)</p> <p>CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> 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>AMANDA BURTON</u></p> <p>SIGNATURE: <u>[Signature]</u> DATE: _____</p> <p>PHONE #: <u>(509) 432-8106</u> CERT #: _____</p>	

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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WTP: **A**
 Disinfection Log
 Giardia Log
 Inactiv: 1

System Name: **Lake Shore Wtr & Dev.** ^{68P} ID#: 41 **024194169** Month/Year: **2-2023**

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	7.3	46	Y	10
2	.4	1400	560	7	7.4	46	Y	10
3	.4	1400	560	7	7.3	46	Y	10
4	.4	1400	560	7	7.6	46	Y	10
5	.4	1400	560	7	7.2	46	Y	10
6	.5	1400	700	7	7.4	46	Y	10
7	.5	1400	700	7	7.5	46	Y	10
8	.6	1400	700	7	7.3	46	Y	10
9	.5	1400	700	7	7.7	46	Y	10
10	.4	1400	560	7	7.5	46	Y	10
11	.4	1400	560	7	7.6	46	Y	10
12	.4	1400	560	7	7.3	46	Y	10
13	.4	1400	560	7	7.2	46	Y	10
14	.4	1400	560	8	7.2	46	Y	10
15	.4	1400	560	8	7.4	46	Y	10
16	.4	1400	560	8	7.6	46	Y	10
17	.4	1400	560	8	7.5	46	Y	10
18	.4	1400	560	8	7.3	46	Y	10
19	.4	1400	560	8	7.4	46	Y	10
20	.4	1400	560	8	7.4	46	Y	10
21	.4	1400	560	7	7.6	46	Y	10
22	.4	1400	560	7	7.5	46	Y	10
23	.4	1400	560	7	7.6	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	7.2	46	Y	10
27	.4	1400	560	7	7.3	46	Y	10
28	.4	1400	560	7				
29								
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