

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Walla Walla

Cartridge or Bag Filtration

Month/Year: 4-2023

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		.41
2						.84
3						.52
4						.98
5						.49
6						.91
7						.33
8						.62
9						.77
10						.74
11						.68
12						.39
13						.43
14						.34
15						.55
16						.81
17						.69
18						.58
19						.75
20						.62
21						.49
22						.86
23						.77
24						.39
25						.49
26						.53
27						.98
28						.91
29						.37
30						.79
31						

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	Yes / No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes / No	Yes / No	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: <u>JAMES BURTON</u>	DATE: <u>5-10-2023</u>
		SIGNATURE: <u>[Signature]</u>	PHONE #: <u>(541) 432-8106</u>
		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.

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WTP: **A**

System Name: **Lake Shore Wtr & Dev.** ^{Corp} ID#: 41 **OR4194169**

Month/Year: **4-2023**

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	.4	1400	560	8	7.6	46	Y	10
2	.4	1400	560	8	7.6	46	Y	10
3	.4	1400	560	8	7.4	46	Y	10
4	.4	1400	560	8	7.6	46	Y	10
5	.4	1400	560	8	7.6	46	Y	10
6	.4	1400	560	8	7.4	46	Y	10
7	.4	1400	560	8	7.1	46	Y	10
8	.4	1400	560	8	7.5	46	Y	10
9	.4	1400	560	8	7.5	46	Y	10
10	.4	1400	560	8	7.5	46	Y	10
11	.4	1400	560	8	7.5	46	Y	10
12	.5	1400	560 700	8	7.4	46	Y	10
13	.5	1400	560 700	8	7.2	46	Y	10
14	.5	1400	560 700	8	7.4	46	Y	10
15	.5	1400	5 700	8	7.3	46	Y	10
16	.5	1400	700	8	7.5	46	Y	10
17	.5	1400	700	8	7.6	46	Y	10
18	.5	1400	700	8	7.2	46	Y	10
19	.5	1400	700	8	7.4	46	Y	10
20	.5	1400	700	8	7.5	46	Y	10
21	.5	1400	700	8	7.3	46	Y	10
22	.5	1400	700	8	7.5	46	Y	10
23	.5	1400	700	8	7.5	46	Y	10
24	.5	1400	700	8	7.3	46	Y	10
25	.5	1400	700	8	7.2	46	Y	10
26	.5	1400	700	8	7.3	46	Y	10
27	.5	1400	700	8	7.5	46	Y	10
28	.5	1400	700	8	7.5	46	Y	10
29	.5	1400	700	8	7.6	46	Y	10
30	.5	1400	700	8	7.4	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.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

Revised July 2018