

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Walla Walla

Cartridge or Bag Filtration

Month/Year: 5-2023

System Name: Lake Shore Wtr & Dev. Co. ID#: OR 41 94169 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		.93
2						.89
3						.47
4						.36
5						.66
6						.50
7						.73
8						.84
9						.38
10						.71
11						.47
12						.98
13						.72
14						.55
15						.89
16						.87
17						.33
18						.45
19						.72
20						.68
21						.39
22						.42
23						.62
24						.58
25						.79
26						.61
27						.52
28						.37
29						.53
30						.71
31						.44

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<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: Ames Burau
 SIGNATURE: [Signature] DATE: 5-9-2023
 PHONE #: (541) 432-8106 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.** ^{Corp} ID#: **41** **OR4194169** Month/Year: **5-2023**

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	.5	1400	700	8	7.8	.46	Y	10
2	.5	1401	700	8	7.8	.46	Y	10
3	.5	1400	700	8	7.3	.46	Y	10
4	.5	1400	700	8	7.2	.46	Y	10
5	.5	1400	700	8	7.5	.46	Y	10
6	.5	1400	700	8	7.6	.46	Y	10
7	.5	1400	700	8	7.5	.46	Y	10
8	.5	1400	700	8	7.2	.46	Y	10
9	.5	1400	700	8	7.5	.46	Y	10
10	.5	933	466	8	7.2	.46	Y	15
11	.5	933	466	8	7.3	.46	Y	15
12	.5	933	466	8	7.5	.46	Y	15
13	.5	933	466	8	7.6	.46	Y	15
14	.5	933	466	8	7.5	.46	Y	15
15	.5	933	466	8	7.2	.46	Y	15
16	.5	933	466	8	7.2	.46	Y	15
17	.5	933	466	8	7.4	.46	Y	15
18	.5	700	350	8	7.5	.46	Y	20
19	.5	700	350	8	7.4	.46	Y	20
20	.5	700	350	8	7.2	.46	Y	20
21	.5	700	350	8	7.1	.46	Y	20
22	.5	700	350	8	7.5	.46	Y	20
23	.5	933	466	8	7.6	.46	Y	15
24	.5	700	350	8	7.4	.46	Y	15
25	.5	700	350	8	7.5	.46	Y	20
26	.5	700	350	8	7.2	.46	Y	20
27	.5	700	350	8	7.3	.46	Y	20
28	.5	700	350	8	7.4	.46	Y	20
29	.5	700	350	8	7.3	.46	Y	20
30	.5	700	350	8	7.5	.46	Y	20
31	.5	700	350	8	7.3	.46	Y	20

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