

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Walla Walla

Cartridge or Bag Filtration

Month/Year: 6-2023

System Name: Lake Shore Wtr & Dev. 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 ¹ [NTU]
1	0	0	0	25		.45
2						.91
3						.84
4						.69
5						.47
6						.24
7						.85
8						.89
9						.61
10						1.04
11						.43
12						.55
13						.82
14						.56
15						.50
16						.71
17						.38
18						.44
19						.72
20						.48
21						.59
22						.69
23						.42
24						.79
25						.58
26						.63
27						.38
28						.75
29						.93
30						.28
31						

NEW TURBIDITY METER

<p>Cartridge & Bag Filtration</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>Monthly Summary (Answer Yes or No)</p> <p>CT's 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>Ames Rozzow</u></p> <p>SIGNATURE: <u>[Signature]</u> DATE: <u>7-10-2023</u></p> <p>PHONE #: <u>(541) 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.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP: **A**

System Name: **Lake Shore Wtr. Dev. ^{Corp}** ID#: **41** Month/Year: **6 2023**
OR4194169

Disinfection Giardia Log Inactiv: **1**

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ² [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ² Yes / No	Peak Hourly Demand Flow [GPM]
1	.5	700	350	8	7.6	46	Y	20
2	.5	700	350	8	7.3	46	Y	20
3	.5	700	350	8	7.4	46	Y	20
4	.5	933	466	8	7.4	46	Y	15
5	.5	933	466	8	7.2	46	Y	15
6	.5	700	350	8	7.6	46	Y	20
7	.5	700	350	8	7.7	46	Y	20
8	.5	500	280	8	7.5	46	Y	25
9	.5	700	350	8	7.5	46	Y	20
10	.5	560	280	8	7.6	46	Y	25
11	.5	467	233	8	7.3	46	Y	30
12	.5	560	280	8	7.2	46	Y	25
13	.5	360	280	8	7.0	46	Y	25
14	.5	700	350	8	7.2	46	Y	20
15	.5	467	233	8	7.6	46	Y	30
16	.5	560	280	8	7.5	46	Y	25
17	.5	400	200	8	7.4	46	Y	35
18	.5	467	233	8	7.5	46	Y	30
19	.5	467	233	8	7.6	46	Y	30
20	.5	400	200	8	7.7	46	Y	35
21	.5	560	280	8	7.3	46	Y	25
22	.5	400	200	8	7.2	46	Y	35
23	.5	467	233	8	7.4	46	Y	30
24	.5	560	280	8	7.6	46	Y	30
25	.5	560	280	8	7.6	46	Y	25
26	.5	467	233	8	7.5	46	Y	30
27	.5	400	200	8	7.2	46	Y	35
28	.5	400	200	8	7.2	46	Y	35
29	.5	350	175	8	7.4	46	Y	40
30	.5	400	200	8	7.5	46	Y	35
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.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

Revised July 2018