

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Walla Walla

Cartridge or Bag Filtration

Month/Year: 8-2023

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	0	0	0	25		.74
2						.69
3						.37
4						.43
5						.48
6						1.08
7						.67
8						.25
9						.81
10						.63
11						.77
12						.69
13						.54
14						.39
15						.86
16						.74
17						.66
18						.39
19						.55
20						.70
21						.89
22						.52
23						.47
24						.85
25						.98
26						.41
27						.87
28						.44
29						.82
30						.91*
31						.68

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 daily turbidity readings ≤ 5 NTU?	Yes / No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l?
		Yes / No
Notes: PSI = pounds per square inch	PRINTED NAME: <u>JAMES BURRO</u>	
PSID = pounds per square inch difference (before filter - after filter)	SIGNATURE: <u>[Signature]</u>	DATE: <u>8-7-2023</u>
PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter, at what PSID.	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. <sup>CP</sup> ID#: 41 024194169

Month/Year: 6-2023

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]	C X T	[°C]		formula	Yes / No	[GPM]
1	.5	280	140	8	7.4	55	Y	50
2	.5	280	140	8	7.4	55	Y	50
3	.5	255	126	8	7.6	55	Y	55
4	.5	215		8	7.3	55	Y	65
5	.5	280	140	8	7.5	55	Y	50
6	.5	280	140	8	7.5	55	Y	50
7	.5	311	156	8	7.6	55	Y	45
8	.5	280	140	8	7.3	55	Y	50
9	.5	280	140	8	7.4	55	Y	50
10	.5	255	126	8	7.5	55	Y	55
11	.5	255	126	8	7.3	55	Y	55
12	.5	255	126	8	7.1	55	Y	55
13	.5	280	140	8	7.6	55	Y	50
14	.5	311	156	8	7.5	55	Y	45
15	.5	350	175	8	7.5	55	Y	40
16	.5	311	156	8	7.6	55	Y	45
17	.5	280	140	8	7.5	55	Y	50
18	.5	280	140	8	7.4	57	Y	50
19	.5	290	145	8	7.6	57	Y	50
20	.5	311	156	8	7.5	57	Y	45
21	.5	311	156	8	7.5	57	Y	45
22	.5	280	140	8	7.7	55	Y	50
23	.5	280	140	8	7.6	55	Y	50
24	.5	290	145	8	7.5	55	Y	50
25	.5	280	140	8	7.3	55	Y	50
26	.5	311	156	8	7.4	55	Y	45
27	.5	311	156	8	7.4	55	Y	45
28	.5	311	156	8	7.6	55	Y	45
29	.5	311	156	8	7.5	55	Y	45
30	.5	350	175	8	7.6	55	Y	40
31	.5	311	156	8	7.5	55	Y	45

<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.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

Revised July 2018