

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Walla Walla

Cartridge or Bag Filtration

Month/Year: 8-2023

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	2.5		.31
2						.41
3						.60
4						.59
5						.84
6						.37
7						.55
8						.43
9						.71
10						.95
11						.84
12						.72
13						.64
14						.55
15						.69
16						.37
17						.92
18						.88
19						.39
20						.45
21						.58
22						.62
23						.41
24						.84
25						.79
26						.32
27						1.04
28						.99
29						.42
30						.73
31						

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	Yes <input checked="" type="radio"/> No <input type="radio"/>	CT's met everyday? (see back)	Yes <input checked="" type="radio"/> No <input type="radio"/>
All daily turbidity readings ≤ 5 NTU?	Yes <input checked="" type="radio"/> No <input type="radio"/>	All Cl2 residual at entry point ≥ 0.2 mg/l?	Yes <input checked="" type="radio"/> No <input type="radio"/>
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>9-10-2023</u>
		SIGNATURE: <u>[Signature]</u>	PHONE #: <u>(509) 432-8106</u>
		PHONE #: <u>(509) 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**
 Disinfection
 Giardia Log
 Inactiv: **1**

System Name: **Lake Shore Wtr & Dev.** ID#: **41** Month/Year: **8 2023**
024194169

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	280	140	8	7.6	55	Y	50
2	.5	280	140	8	7.6	55	Y	50
3	.5	341	156	8	7.5	55	Y	45
4	.5	350	175	8	7.5	55	Y	40
5	.5	311	156	8	7.6	55	Y	45
6	.5	350	175	8	7.4	55	Y	40
7	.5	295	128	8	7.4	55	Y	50
8	.5	255	128	8	7.5	55	Y	55
9	.5	255	128	8	7.5	55	Y	55
10	.5	280	140	8	7.4	55	Y	50
11	.5	350	175	8	7.1	55	Y	40
12	.5	311	156	8	7.5	55	Y	45
13	.5	350	175	8	7.3	55	Y	45
14	.5	350	175	8	7.1	55	Y	40
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	7.4	55	Y	50
18	.5	311	156	8	7.6	55	Y	45
19	.5	350	175	8	7.4	55	Y	40
20	.5	400	200	8	7.3	55	Y	35
21	.5	350	175	8	7.3	55	Y	40
22	.5	400	200	8	7.4	55	Y	35
23	.5	350	175	8	7.4	55	Y	40
24	.5	350	175	8	7.3	55	Y	40
25	.5	400	200	8	7.2	55	Y	35
26	.5	350	175	8	7.6	55	Y	40
27	.5	350	175	8	7.6	55	Y	40
28	.5	350	175	8	7.5	55	Y	40
29	.5	400	200	8	7.4	55	Y	35
30	.5	350	175	8	7.5	55	Y	40
31	.5	350	175	8	7.4	55	Y	40

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