

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Walla Walla

Cartridge or Bag Filtration

Month/Year: 9-2025

System Name: Lake Shore Wtr & Dev. Co. ID#: OR4194169 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 <sup>1</sup> [NTU]
1	0	0	0	25		.93
2						.89
3						.59
4						.61
5						.45
6						.28
7						.37
8						.84
9						.72
10						.38
11						.64
12						.91
13						.82
14						.63
15						.47
16						.35
17						.96
18						.83
19						.41
20						.32
21						.55
22						.72
23						.38
24						.88
25						.72
26						.34
27						.68
28						.91
29						.38
30						.49
31						

<b>Cartridge &amp; Bag Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
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 Buerki</u>	DATE: <u>10/0-2025</u>
		SIGNATURE: <u>[Signature]</u>	PHONE #: <u>(541)432-8106</u>
		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.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP-: **A**

System Name:

**Lake Shore Wtr. & Dev. Corp.** ID#: 41  
**OR4194169**

Month/Year:

**9-2025**

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	1400	700	8	7.4	46	Y	10
2	.5	1400	700	8	7.5	46	Y	10
3	.5	1400	700	8	7.6	46	Y	10
4	.5	1400	700	8	7.3	46	Y	10
5	.5	1400	700	8	7.3	46	Y	10
6	.5	1400	700	8	7.6	46	Y	10
7	.5	1400	700	8	7.1	46	Y	10
8	.5	1400	700	8	7.6	46	Y	10
9	.5	1400	700	8	7.3	46	Y	10
10	.4	1700	560	8	7.4	46	Y	10
11	.4	1400	560	8	7.3	46	Y	10
12	.4	1400	560	8	7.5	46	Y	10
13	.4	1400	560	8	7.4	46	Y	10
14	.4	1400	560	8	7.4	46	Y	10
15	.4	1400	560	8	7.3	46	Y	10
16	.4	1400	560	8	7.5	46	Y	10
17	.4	1400	560	8	7.4	46	Y	10
18	.4	1400	560	8	7.4	46	Y	10
19	.4	1400	560	8	7.3	46	Y	10
20	.4	1400	560	8	7.5	46	Y	10
21	.4	1400	560	8	7.3	46	Y	10
22	.4	1400	560	8	7.6	46	Y	10
23	.4	1400	560	8	7.4	46	Y	10
24	.4	1400	560	8	7.6	46	Y	10
25	.4	1400	560	8	7.3	46	Y	10
26	.4	1400	560	8	7.4	46	Y	10
27	.4	1400	560	8	7.1	46	Y	10
28	.4	1400	560	8	7.6	46	Y	10
29	.4	1400	560	8	7.6	46	Y	10
30	.4	1400	560	8	7.3	46	Y	10
31								

<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