

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Walla Walla

Cartridge or Bag Filtration

Month/Year: 10-2023

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 ¹ [NTU]
1	0	0	0	25		.41
2						.87
3						.38
4						.69
5						.63
6						.44
7						.35
8						.98
9						.84
10						.79
11						.43
12						.71
13						.37
14						.29
15						.84
16						.67
17						.38
18						.44
19						.75
20						.68
21						.89
22						.69
23						.33
24						.67
25						.88
26						1.04
27						.91
28						.94
29						.38
30						.71
31						.82

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) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		

Notes: PSI = pounds per square inch	PRINTED NAME: <u>ALAN BURTON</u>
PSID = pounds per square inch difference (before filter - after filter)	SIGNATURE: <u>[Signature]</u> DATE: <u>11-9-2023</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 #:

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

System Name: Lake Shore Wtr. Dev. ID#: 41 024194169

Month/Year: 10-2023

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

² If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised July 2018

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