

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Walla Walla

Cartridge or Bag Filtration

Month/Year: 11-2023

System Name: Lake Shore Wtr & Dev. Co. ID#: DR 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	25		.81
2						.98
3						.81
4						.63
5						.69
6						.73
7						.38
8						.92
9						.41
10						.39
11						.60
12						.44
13						.67
14						.72
15						.82
16						.43
17						.71
18						.48
19						.37
20						.29
21						.92
22						.48
23						.83
24						.55
25						.82
26						.59
27						.43
28						.87
29						.39
30						.58
31						

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No
All daily turbidity readings ≤ 5 NTU?	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l?	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> 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>AMB BORTON</u>	DATE: <u>12-10-2023</u>
		SIGNATURE: <u>[Signature]</u>	PHONE #: <u>(541) 432-8106</u>
		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.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP: A

System Name: Lake Shore Wtr. Dev. ^{CP}

ID#: 41
024194169

Month/Year: 11-2023

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	.4	1400	560	7	7.5	46	Y	10
2	.4	1400	560	7	7.5	46	Y	10
3	.4	1400	560	7	7.6	46	Y	10
4	.4	1400	560	7	7.4	46	Y	10
5	.4	1400	560	7	7.4	46	Y	10
6	.4	1400	560	7	7.6	46	Y	10
7	.4	1400	560	7	7.4	46	Y	10
8	.4	1400	560	7	7.4	46	Y	10
9	.5	1400	700	7	7.6	46	Y	10
10	.5	1400	700	7	7.3	46	Y	10
11	.5	1400	700	7	7.5	46	Y	10
12	.5	1400	700	7	7.5	46	Y	10
13	.5	1400	700	7	7.3	46	Y	10
14	.5	1400	700	7	7.2	46	Y	10
15	.5	1400	700	7	7.6	46	Y	10
16	.4	1400	560	7	7.4	46	Y	10
17	.4	1400	560	7	7.5	46	Y	10
18	.4	1400	560	7	7.2	46	Y	10
19	.4	1400	560	7	7.4	46	Y	10
20	.4	1400	560	7	7.5	46	Y	10
21	.4	1400	560	7	7.3	46	Y	10
22	.4	1400	560	7	7.1	46	Y	10
23	.4	1400	560	7	7.0	46	Y	10
24	.4	1400	560	7	7.2	46	Y	10
25	.4	1400	560	7	7.3	46	Y	10
26	.4	1400	560	7	7.7	46	Y	10
27	.4	1400	960	7	7.5	46	Y	10
28	.4	1400	560	7	7.7	46	Y	10
29	.4	1400	560	7	7.3	46	Y	10
30	.4	1400	560	7	7.3	46	Y	10
31								

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