

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Walla Walla

Cartridge or Bag Filtration

Month/Year: 1-2024

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		.49
2						.47
3						.53
4						.41
5						.84
6						.77
7						.69
8						.60
9						.58
10						.95
11						.47
12						.38
13						.72
14						.53
15						.82
16						.33
17						.55
18						.79
19						.43
20						.45
21						.62
22						.51
23						.82
24						.32
25						.87
26						.99
27						.38
28						.49
29						.72
30						.35
31						.91

<b>Cartridge &amp; Bag Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 Bokrov</u>	DATE: <u>2-10-2024</u>
		SIGNATURE: <u>[Signature]</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.

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WTP: **A**

System Name: **Lake Shore Wtr. & Dev.** <sup>CP</sup> ID#: 41 **024194169**

Month/Year: **1-2024**

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

<sup>2</sup> If Cl<sub>2</sub> 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