

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Walla Walla

Cartridge or Bag Filtration

Month/Year: 2-2024

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 <sup>1</sup> [NTU]
1				25		.43
2						.41
3						.137
4						.44
5						.69
6						.62
7						.93
8						.44
9						.57
10						.51
11						.49
12						.46
13						.29
14						.84
15						.72
16						.63
17						.24
18						.48
19						.52
20						.67
21						.44
22						.83
23						.62
24						.45
25						.69
26						.71
27						.49
28						.66
29						.91
30						
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>Samuel Burton</u> SIGNATURE: <u>[Signature]</u> DATE: _____ 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.** ID#: **41 024194169**

Month/Year: **2-2024**

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	7.2	46	Y	10
2	.4	1400	560	7	7.3	46	Y	10
3	.4	1400	560	7	7.2	46	Y	10
4	.4	1400	560	7	7.6	46	Y	10
5	.4	1400	560	8	7.5	46	Y	10
6	.4	1400	560	8	7.7	46	Y	10
7	.4	1400	560	8	7.2	46	Y	10
8	.4	1400	560	7	7.4	46	Y	10
9	.4	1400	560	7	7.3	46	Y	10
10	.4	1400	560	7	7.5	46	Y	10
11	.4	1400	560	7	7.5	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	7	7.3	46	Y	10
15	.4	1400	560	7	7.4	46	Y	10
16	.4	1400	560	7	7.6	46	Y	10
17	.4	1400	560	8	7.4	46	Y	10
18	.4	1400	560	8	7.5	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	7.4	46	Y	10
22	.4	1400	560	8	7.2	46	Y	10
23	.4	1400	560	8	7.6	46	Y	10
24	.4	1400	560	8	7.5	46	Y	10
25	.4	1400	560	8	7.6	46	Y	10
26	.4	1400	560	8	7.4	46	Y	10
27	.4	1400	560	8	7.5	46	Y	10
28	.4	1400	560	8	7.5	46	Y	10
29	.4	1400	560	8	7.2	46	Y	10
30								
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.

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