

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Walla Walla

Cartridge or Bag Filtration

Month/Year: 3 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 ¹ (NTU)
1	0	0	0	25		.84
2						.91
3						1.08
4						.38
5						.47
6						.78
7						.87
8						.48
9						.34
10						.75
11						.82
12						.27
13						.39
14						.75
15						1.68
16						1.03
17						.79
18						.91
19						.37
20						.84
21						.72
22						.38
23						.67
24						.50
25						.68
26						.72
27						.32
28						.65
29						.61
30						.48
31						.92

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)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No	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>AMBER BURTON</u>	DATE: <u>4-1-2024</u>
		SIGNATURE: <u>[Signature]</u>	CERT #:
		PHONE #: <u>(541) 432-8106</u>	

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: 3 2024
 Disinfection Giardia Log 1
 Inactiv:

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	8	7.4	46	Y	10
2	.4	1400	560	8	7.5	46	Y	10
3	.4	1400	560	8	7.7	46	Y	10
4	.4	1400	560	8	7.7	46	Y	10
5	.4	1400	560	8	7.1	46	Y	10
6	.4	1400	560	8	7.6	46	Y	10
7	.4	1400	560	8	7.5	46	Y	10
8	.4	1400	560	8	7.5	46	Y	10
9	.4	1400	560	8	7.6	46	Y	10
10	.4	1400	560	8	7.4	46	Y	10
11	.4	1400	560	8	7.1	46	Y	16
12	.4	1400	560	8	7.3	46	Y	10
13	.4	1400	560	8	7.5	46	Y	10
14	.4	1400	560	8	7.4	46	Y	10
15	.4	1400	560	8	7.5	46	Y	10
16	.4	1400	560	8	7.5	46	Y	10
17	.4	1400	560	8	7.6	46	Y	10
18	.4	1400	560	8	7.6	46	Y	10
19	.4	1400	560	8	7.5	46	Y	10
20	.4	1400	560	8	7.6	46	Y	10
21	.4	1400	560	8	7.5	46	Y	10
22	.4	1400	560	8	7.4	46	Y	10
23	.4	1400	560	8	7.6	46	Y	10
24	.4	1400	560	8	7.3	46	Y	10
25	.4	1400	560	8	7.5	46	Y	10
26	.4	1400	560	8	7.6	46	Y	10
27	.4	1400	560	8	7.4	46	Y	10
28	.4	1400	560	8	7.4	46	Y	10
29	.4	1400	560	8	7.3	46	Y	10
30	.4	1400	560	8	7.4	46	Y	10
31	.4	1400	560	8	7.6	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.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350