

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Walla Walla

Cartridge or Bag Filtration

Month/Year: 8 2024

System Name: Lake Shore Wtr & Sewer Co IDB: DR4194169 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 (NTU)
1	0	0	0	25		.41
2						.36
3						.77
4						.81
5						.64
6						.50
7						.62
8						.73
9						.42
10						.49
11						.89
12						.36
13						.57
14						.48
15						.71
16						.51
17						.85
18						.98
19						.32
20						.72
21						.45
22						.59
23						.88
24						.61
25						.42
26						.77
27						.49
28						.91
29						.83
30						.75
31						.49

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
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>MMA BURTON</u>	DATE: <u>7-9-2024</u>
		SIGNATURE: <u>[Signature]</u>	CERT #:
		PHONE #: <u>(541) 432-8106</u>	

*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
Disinfection Giardia Log Inactiv: 1

System Name: **Lake Shore Wtr & Dev.** ^{6p} ID#: **41 024194169** Month/Year: **6-2024**

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	255	128	7	7.6	46	Y	55
2	.5	235	117	7	7.6	46	Y	60
3	.5	215	107	7	7.4	46	Y	65
4	.6	185	99	7	7.5	48	Y	85
5	.6	200	120	7	7.2	48	Y	70
6	.5	255	128	7	7.6	46	Y	55
7	.5	255	128	7	7.2	46	Y	55
8	.6	215	129	7	7.4	48	Y	65
9	.6	200	120	7	7.4	48	Y	70
10	.6	200	120	7	7.2	48	Y	70
11	.6	215	129	7	7.6	48	Y	65
12	.6	233	139	7	7.2	46	Y	60
13	.6	233	139	7	7.3	46	Y	60
14	.6	255	139	7	7.5	48	Y	55
15	.6	233	139	7	7.8	46	Y	60
16	.6	215	129	7	7.6	48	Y	55
17	.6	200	120	7	7.2	48	Y	70
18	.6	215	129	7	7.2	48	Y	65
19	.6	233	139	7	7.4	48	Y	60
20	.6	233	139	7	7.5	48	Y	60
21	.6	215	129	7	7.3	48	Y	65
22	.6	215	129	7	7.3	48	Y	65
23	.6	200	120	7	7.4	48	Y	70
24	.6	200	120	7	7.5	48	Y	70
25	.6	215	129	7	7.4	48	Y	65
26	.6	215	129	7	7.8	48	Y	65
27	.6	200	120	7	7.3	48	Y	70
28	.6	200	120	7	7.4	48	Y	70
29	.6	215	129	7	7.5	48	Y	65
30	.5	200	100	7	7.5	48	Y	70
31	.5	200	100	7	7.4	46	Y	

² If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours. Return by 10th of following month by email, fax, or mail to: dwp.dmsa@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

Revised July 2018