

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Walla Walla

Month/Year: 10-2024

Cartridge or Bag Filtration

System Name: Lake Shore Wtr & Sewer 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 (NTU)
1	0	0	0	25		.88
2						.41
3						1.45
4						.39
5						.55
6						.63
7						.69
8						.84
9						.35
10						.28
11						1.44
12						.63
13						.60
14						.78
15						.51
16						.38
17						.72
18						.91
19						.43
20						.28 .28
21						1.42
22						.97
23						1.55
24						.30
25						.73
26						.67
27						1.85
28						.42
29						.89
30						.96
31						.43

Cartridge & Bag Filtration

95% of daily turbidity readings ≤ 1 NTU? Yes / No
 All daily turbidity readings ≤ 5 NTU? Yes / No

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) Yes / No
 All Cl2 residual at entry point ≥ 0.2 mg/l? 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: JAMES BORTOLI
 SIGNATURE: [Signature] DATE: 11-10-2024
 PHONE #: 541-432-8106 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.

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WTP: **A**

Disinfection
Gardis Log
Inactiv: **1**

System Name: **Lake Shore Wtr. Dev. Co. 108:41 OR4194169**

Month/Year: **10-2024**

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]	CXT	[°C]		formula	Yes / No	[GPM]
1	.4	1400	560	8	7.6	46	Y	10
2	.4	1400	560	8	7.6	46	Y	10
3	.4	1400	560	8	7.5	46	Y	10
4	.4	1400	560	8	7.4	46	Y	10
5	.4	1400	560	8	7.5	46	Y	10
6	.4	1400	560	8	7.2	46	Y	10
7	.4	1400	560	8	7.2	46	Y	10
8	.4	1400	560	8	7.4	46	Y	10
9	.4	1400	560	8	7.2	46	Y	10
10	.4	1400	560	8	7.4	46	Y	10
11	.4	1400	560	8	7.4	46	Y	10
12	.4	1400	560	8	7.6	46	Y	10
13	.4	1400	560	8	7.4	46	Y	10
14	.4	1400	560	8	7.5	46	Y	10
15	.4	1400	560	8	7.7	46	Y	10
16	.4	1400	560	8	7.6	46	Y	10
17	.4	1400	560	8	7.2	46	Y	10
18	.4	1400	560	8	7.4	46	Y	10
19	.4	1400	560	8	7.4	46	Y	10
20	.4	1400	560	8	7.3	46	Y	10
21	.4	1400	560	8	7.3	46	Y	10
22	.4	1400	560	8	7.4	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	7.6	46	Y	10
26	.4	1400	560	7	7.5	46	Y	10
27	.4	1400	560	8	7.6	46	Y	10
28	.4	1400	560	8	7.5	46	Y	10
29	.4	1400	560	8	7.6	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.dmcs@state.or.us; 971-673-0894; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350