

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Walla Walla

Cartridge or Bag Filtration

Month/Year: 4-2025

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		.94
2						.48
3						.71
4						.82
5						.63
6						.69
7						.89
8						.34
9						.47
10						.77
11						.38
12						.49
13						.68
14						.33
15						.91
16						1.04
17						.97
18						.41
19						.27
20						.39
21						.45
22						.83
23						.60
24						.85
25						.72
26						.68
27						.61
28						.43
29						.84
30						.55
31						

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings $\leq$ 1 NTU?	Yes / No	CT's met everyday? (see back)	All Cl ₂ residual at entry point $\geq$ 0.2 mg/l?
All daily turbidity readings $\leq$ 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>JAMES BURTON</u> SIGNATURE: <u>[Signature]</u> DATE: <u>5-9-2025</u> PHONE #: <u>(541) 432-8106</u> 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

System Name:

Lake Shore Wtr & Dev.

ID#: 41
024194169

Month/Year:

4-2025

Disinfection
Giardia Log
Inactiv:

1

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	1.4	1400	560	8	7.2	46	Y	10
2	1.4	1400	560	8	7.2	46	Y	10
3	1.4	1400	560	8	7.6	46	Y	10
4	1.4	1400	560	8	7.5	46	Y	10
5	1.4	1400	560	8	7.5	46	Y	10
6	1.4	1400	560	8	7.6	46	Y	10
7	1.4	1400	560	8	7.6	46	Y	10
8	1.4	1400	560	8	7.5	46	Y	10
9	1.4	1400	560	8	7.2	46	Y	10
10	1.4	1400	560	8	7.3	46	Y	10
11	1.4	1400	560	8	7.6	46	Y	10
12	1.5	1400	700	8	7.3	46	Y	10
13	1.5	1400	700	8	7.6	46	Y	10
14	1.5	1400	700	8	7.4	46	Y	10
15	1.5	1400	700	8	7.4	46	Y	10
16	1.5	1400	700	8	7.6	46	Y	10
17	1.5	1400	700	8	7.5	46	Y	10
18	1.5	1400	700	8	7.6	46	Y	10
19	1.5	1400	700	8	7.3	46	Y	10
20	1.5	1400	700	8	7.6	46	Y	10
21	1.5	1400	700	8	7.4	46	Y	10
22	1.5	1400	700	8	7.5	46	Y	10
23	1.5	1400	700	8	7.4	46	Y	10
24	1.5	1400	700	8	7.6	46	Y	10
25	1.5	1400	700	8	7.5	46	Y	10
26	1.5	1400	700	8	7.5	46	Y	10
27	1.5	1400	700	8	7.4	46	Y	10
28	1.5	1400	700	8	7.6	46	Y	10
29	1.5	1400	700	8	7.5	46	Y	10
30	1.5	1400	700	8	7.4	46	Y	10
31								

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