

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Walla Walla

Cartridge or Bag Filtration

Month/Year:

System Name: Lake Shore Wtr & Dev. Co. ID#: 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 ¹ [NTU]
1	0	0	0	25		.41
2						1.43
3						.72
4						.98
5						.72
6						.90
7						.69
8						.38
9						.77
10						.64
11						.93
12						.98
13						.42
14						.81
15						.67
16						.38
17						.72
18						.79
19						.55
20						.81
21						.37
22						.90
23						.36
24						.82
25						.75
26						.94
27						.68
28						.49
29						.32
30						.89
31						.42

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	<input checked="" type="radio"/> Yes / <input type="radio"/> No
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l?	<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>KIMBERLY BURTON</u>	DATE: <u>1-9-2026</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.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP: **A**

System Name: **Lake Shore Wtr & Dev. Co. ID#: 41 024194169**

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