

Shangri La Water Dist # 4100835

OHA - Drinking Water Services - Surface Water Quality Data Form						County:	LANE
Cartridge or Bag Filtration						Month/Year:	9/21
System Name:	SHANGRI LA WATER DISTRICT			ID#: 41	00835	WTP ID: TP-	
Day	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the day <sup>1</sup> [NTU]	
1	10.50	7.50	3.00	25.00	0.13	0.13	
2	10.50	7.50	3.00	25.00	0.12	0.12	
3	10.50	7.50	3.00	25.00	0.12	0.12	
4	10.50	7.50	3.00	25.00	0.13	0.13	
5	10.50	7.50	3.00	25.00	0.13	0.13	
6	10.50	7.50	3.00	25.00	0.10	0.10	
7	11.00	7.50	3.50	25.00	0.11	0.11	
8	11.00	7.50	3.50	25.00	0.12	0.12	
9	11.00	7.50	3.50	25.00	0.12	0.12	
10	11.00	7.50	3.50	25.00	0.11	0.11	
11	11.00	7.50	3.50	25.00	0.12	0.12	
12	11.00	7.50	3.50	25.00	0.13	0.13	
13	10.50	7.50	3.00	25.00	0.11	0.11	
14				25.00	0.11	0.11	
15	11.50	7.50	4.00	25.00	0.12	0.12	
16	12.00	7.50	4.50	25.00	0.12	0.12	
17	11.50	7.50	4.00	25.00	0.15	0.15	
18	12.00	7.50	4.50	25.00	0.13	0.13	
19	11.50	7.50	4.00	25.00	0.11	0.11	
20	11.50	7.50	4.00	25.00	0.12	0.12	
21	11.50	7.50	4.00	25.00	0.12	0.12	
22	12.00	7.50	4.50	25.00	0.12	0.12	
23	12.00	7.50	4.50	25.00	0.13	0.13	
24	12.00	7.50	4.50	25.00	0.14	0.14	
25	12.00	7.50	4.50	25.00	0.12	0.12	
26	12.50	7.50	5.00	25.00	0.13	0.13	
27	12.50	7.50	5.00	25.00	0.12	0.12	
28	12.50	7.50	5.00	25.00	0.11	0.11	
29	13.00	7.50	5.50	25.00	0.12	0.12	
30	13.00	7.50	5.50	25.00	0.12	0.12	
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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)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes: PSI = pounds per square inch		PRINTED NAME: Anthony Morales	
PSID = pounds per square inch difference (before filter - after filter)		SIGNATURE:	
PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter, at what PSID.		DATE:	
		PHONE #: ( )	
		CERT #:	

<sup>1</sup> Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in Daily Turbidity Reading column may not correspond to continuous readings' maximum.

Eric Carlson 10-5-21 T-09011

Shangri La Water Dist # 4100835

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP: :

System Name:	SHANGRI LA WATER DISTRICT		ID#: 41	00835	Month/Year:	9/21	Disinfection <i>Giardia</i> Log Inactiv:	1
Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.95	195	185.3	15.0	7.90	37.8	YES	
2	0.96	195	187.2	15.0	7.90	37.8	YES	
3	0.93	195	181.4	15.0	8.00	39.1	YES	
4	0.92	195	179.4	15.0	8.00	39.1	YES	
5	0.94	195	183.3	15.5	8.10	39.3	YES	
6	0.89	195	173.6	15.0	8.10	40.4	YES	
7	0.90	195	175.5	16.0	8.10	37.9	YES	
8	0.93	195	181.4	16.0	8.20	39.4	YES	
9	0.94	195	183.3	15.5	8.20	40.8	YES	
10	0.90	195	175.5	16.0	8.10	37.9	YES	
11	0.98	195	191.1	16.0	8.20	39.6	YES	
12	0.99	195	193.1	15.5	8.20	41.0	YES	
13	0.82	195	159.9	15.5	8.10	38.8	YES	
14	0.82	195	159.9	15.0	8.30	43.2	YES	
15	0.91	195	177.5	15.0	8.30	43.6	YES	
16	0.86	195	167.7	15.0	8.30	43.3	YES	
17	0.86	195	167.7	15.0	8.30	43.3	YES	
18	0.79	195	154.1	16.0	8.50	43.3	YES	
19	0.81	195	158.0	16.0	8.30	40.3	YES	
20	0.71	195	138.5	15.0	8.30	42.6	YES	
21	0.76	195	148.2	15.0	8.30	42.9	YES	
22	0.76	195	148.2	15.0	8.40	44.5	YES	
23	0.73	195	142.4	15.0	8.30	42.7	YES	
24	0.73	195	142.4	15.0	8.30	42.7	YES	
25	0.74	195	144.3	15.5	8.30	41.4	YES	
26	0.74	195	144.3	15.0	8.30	42.8	YES	
27	0.73	195	142.4	16.0	8.30	40.0	YES	
28	0.73	195	142.4	15.5	8.30	41.3	YES	
29	0.75	195	146.3	16.0	8.30	40.1	YES	
30	0.75	195	146.3	16.0	8.30	40.1	YES	
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<sup>2</sup> If Cl<sub>2</sub> 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