

OHA - Drinking Water Services - Surface Water Quality Data Form						County:	LANE
Cartridge or Bag Filtration						Month/Year:	9/24
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	8.50	7.50	1.00	25.00	0.14	0.14	
2	8.50	7.50	1.00	25.00	0.15	0.15	
3	9.00	7.50	1.50	25.00	0.15	0.15	
4	9.00	7.50	1.50	25.00	0.13	0.13	
5	9.00	7.50	1.50	25.00	0.14	0.14	
6	9.00	7.50	1.50	25.00	0.14	0.14	
7	8.50	7.50	1.00	25.00	0.15	0.15	
8	8.50	7.50	1.00	25.00	0.15	0.15	
9	9.00	7.50	1.50	25.00	0.14	0.14	
10	9.50	7.50	2.00	25.00	0.15	0.15	
11	9.00	7.50	1.50	25.00	0.15	0.15	
12				25.00	0.16	0.16	
13	9.00	7.50	1.50	25.00	0.15	0.15	
14	9.00	7.50	1.50	25.00	0.15	0.15	
15				25.00	0.13	0.13	
16	8.50	7.50	1.00	25.00	0.13	0.13	
17	9.00	7.50	1.50	25.00	0.15	0.15	
18	9.50	7.50	2.00	25.00	0.15	0.15	
19	9.50	7.50	2.00	25.00	0.17	0.17	
20	9.50	7.50	2.00	25.00	0.15	0.15	
21	9.50	7.50	2.00	25.00	0.15	0.15	
22	9.00	7.50	1.50	25.00	0.15	0.15	
23	9.00	7.50	1.50	25.00	0.13	0.13	
24	9.00	7.50	1.50	25.00	0.13	0.13	
25				25.00	0.15	0.15	
26	9.50	7.50	2.00	25.00	0.15	0.15	
27	10.00	7.50	2.50	25.00	0.17	0.17	
28	9.50	7.50	2.00	25.00	0.17	0.17	
29	10.00	7.50	2.50	25.00	0.15	0.15	
30				25.00	0.15	0.15	
31							

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  
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: Anthony Morales  
SIGNATURE: *[Signature]* DATE: 10-8-24  
PHONE #: (541) 554-8040 CERT #:  
*Eric Carlson* 10-8-24

<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.

## OHA - Drinking Water Services - Surface Water Quality Data Form

WTP: :

System Name:							ID#: 41	Month/Year:	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	0.89	195	173.6	15.0	7.40	31.2	YES			
2	0.95	195	185.3	15.0	7.40	31.4	YES			
3	0.83	195	161.9	15.0	7.40	31.0	YES			
4	0.86	195	167.7	15.5	7.60	32.4	YES			
5	0.88	195	171.6	15.5	7.60	32.5	YES			
6	0.96	195	187.2	15.5	7.70	34.0	YES			
7	0.88	195	171.6	16.5	7.80	32.7	YES			
8	0.93	195	181.4	16.0	7.60	31.6	YES			
9	0.78	195	152.1	16.0	7.50	29.9	YES			
10	0.95	195	185.3	15.5	7.50	31.5	YES			
11	0.98	195	191.1	15.5	7.60	32.8	YES			
12	0.86	195	167.7	15.5	7.60	32.4	YES			
13	0.95	195	185.3	15.0	7.70	35.1	YES			
14	0.92	195	179.4	15.0	7.80	36.3	YES			
15	0.87	195	169.7	15.0	7.60	33.5	YES			
16	0.82	195	159.9	15.0	7.60	33.3	YES			
17	0.88	195	171.6	15.0	7.60	33.6	YES			
18	0.82	195	159.9	15.0	7.60	33.3	YES			
19	0.78	195	152.1	15.0	7.70	34.4	YES			
20	0.76	195	148.2	15.0	7.70	34.4	YES			
21	0.74	195	144.3	14.5	7.80	36.8	YES			
22	0.65	195	126.8	15.5	8.00	36.7	YES			
23	0.72	195	140.4	14.5	7.50	32.8	YES			
24	0.79	195	154.1	15.0	7.40	30.8	YES			
25	0.79	195	154.1	15.0	7.40	30.8	YES			
26	0.66	195	128.7	15.0	7.50	31.5	YES			
27	0.71	195	138.5	15.0	7.50	31.7	YES			
28	0.68	195	132.6	15.0	7.60	32.8	YES			
29	0.68	195	132.6	16.0	7.70	31.8	YES			
30	0.67	195	130.7	15.5	7.70	32.9	YES			
31										

<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