

OHA - Drinking Water Services - Surface Water Quality Data Form

County:

LANE

Cartridge or Bag Filtration

Month/Year:

2/25

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 ¹ [NTU]
1				25.00	0.16	0.16
2				25.00	0.17	0.17
3				25.00	0.17	0.17
4	14.00	7.50	6.50	25.00	0.15	0.15
5				25.00	0.15	0.15
6	13.50	7.50	6.00	25.00	0.11	0.11
7	13.50	7.50	6.00	25.00	0.11	0.11
8				25.00	0.13	0.13
9				25.00	0.13	0.13
10				25.00	0.15	0.15
11				25.00	0.15	0.15
12	13.50	7.50	6.00	25.00	0.17	0.17
13				25.00	0.15	0.15
14				25.00	0.13	0.13
15	14.00	7.50	6.50	25.00	0.13	0.13
16				25.00	0.15	0.15
17				25.00	0.15	0.15
18				25.00	0.17	0.17
19	13.50	7.50	6.00	25.00	0.17	0.17
20				25.00	0.13	0.13
21				25.00	0.13	0.13
22				25.00	0.15	0.15
23	14.00	7.50	6.50	25.00	0.17	0.17
24				25.00	0.13	0.13
25				25.00	0.14	0.14
26				25.00	0.17	0.17
27	14.50	7.50	7.00	25.00	0.15	0.15
28				25.00	0.15	0.15
29						
30						
31						

Cartridge & Bag Filtration

Monthly Summary (Answer Yes or No)

95% of daily turbidity readings ≤ 1 NTU?

Yes/No

CT's met everyday? (see back)

All Cl2 residual at entry point ≥ 0.2 mg/l?

All daily turbidity readings ≤ 5 NTU?

Yes/No

Yes/No

Yes/No

Notes: PSI = pounds per square inch

PRINTED NAME: ANTHONY MORALES

PSID = pounds per square inch difference (before filter - after filter)

SIGNATURE:

DATE: 3/3/25

PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter, at what PSID.

PHONE #: (541) 554-8040

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.

Brian C. Scott 3-4-2025

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- :

System Name:	SHANGRI LA WATER DISTRICT	ID#: 41	00835	Month/Year:	2/25	Disinfection <i>Giardia</i> 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	0.70	195	136.5	8.0	7.80	56.5	YES	
2	0.71	195	138.5	8.5	7.80	54.7	YES	
3	0.70	195	136.5	9.0	7.80	52.8	YES	
4	0.69	195	134.6	9.0	7.60	49.1	YES	
5	0.71	195	138.5	8.5	7.60	50.9	YES	
6	0.66	195	128.7	7.3	7.80	59.0	YES	
7	0.71	195	138.5	7.4	7.80	58.9	YES	
8	0.66	195	128.7	7.9	7.80	56.6	YES	
9	0.66	195	128.7	7.5	7.80	58.2	YES	
10	0.67	195	130.7	7.5	7.70	56.2	YES	
11	0.71	195	138.5	7.0	7.70	58.4	YES	
12	0.71	195	138.5	6.7	7.80	61.8	YES	
13	0.69	195	134.6	7.3	7.80	59.2	YES	
14	0.68	195	132.6	7.5	7.60	54.3	YES	
15	0.71	195	138.5	7.4	7.70	56.8	YES	
16	0.69	195	134.6	6.9	7.80	60.8	YES	
17	0.71	195	138.5	7.0	7.70	58.4	YES	
18	0.70	195	136.5	7.0	7.70	58.3	YES	
19	0.68	195	132.6	7.7	7.70	55.5	YES	
20	0.65	195	126.8	8.4	7.70	52.8	YES	
21	0.67	195	130.7	8.3	7.80	55.2	YES	
22	0.69	195	134.6	9.0	7.80	52.8	YES	
23	0.67	195	130.7	9.0	7.80	52.6	YES	
24	0.66	195	128.7	8.8	7.80	53.3	YES	
25	0.65	195	126.8	9.2	7.50	46.6	YES	
26	0.62	195	120.9	9.0	7.60	48.7	YES	
27	0.66	195	128.7	9.0	7.60	49.0	YES	
28	0.63	195	122.9	9.2	7.60	48.2	YES	
29								
30								
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.dmrce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350