

OHA - Drinking Water Services - Turbidity Monitoring Report Form
Conventional or Direct Filtration

County: Douglas
Month/Year: May-24

System Name: Glide Water Association ID#: 4100326 WTP: TP - A

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the day ¹ [NTU]
1	0.023	P/O	0.034	0.021	0.018	0.017	0.042
2	0.016	0.016	0.017	0.017	0.026	0.059	0.116
3	0.049	0.025	0.023	0.018	0.017	0.016	0.027
4	0.017	P/O	0.018	0.040	0.023	0.027	0.123
5	0.035	P/O	0.033	0.037	0.038	0.034	0.073
6	0.032	P/O	0.026	0.035	0.022	0.029	0.070
7	0.024	P/O	0.020	0.038	0.023	0.023	0.059
8	0.030	P/O	0.022	0.026	0.047	0.028	0.059
9	0.025	0.029	P/O	0.032	0.047	0.029	0.068
10	0.027	P/O	0.033	0.025	0.025	0.036	0.066
11	0.060	0.032	0.021	0.018	0.016	0.016	0.036
12	0.016	0.016	0.016	0.018	0.024	0.017	0.036
13	0.017	P/O	0.018	0.019	0.025	0.020	0.033
14	0.018	0.018	0.018	0.018	0.018	0.018	0.047
15	0.018	P/O	0.026	0.027	0.021	0.018	0.036
16	0.020	P/O	0.038	0.026	0.018	0.016	0.053
17	0.018	P/O	0.018	0.029	0.018	0.017	0.046
18	0.023	P/O	0.024	0.021	0.021	0.017	0.034
19	0.016	0.018	P/O	0.025	0.018	0.016	0.166
20	0.017	0.019	0.030	0.023	0.018	0.022	0.036
21	0.018	0.021	0.024	0.023	0.018	0.017	0.033
22	0.017	P/O	0.023	0.019	0.018	0.018	0.059
23	0.018	0.018	0.034	0.021	0.020	0.020	0.060
24	0.023	0.023	P/O	0.023	0.023	0.021	0.038
25	0.027	P/O	0.027	0.026	0.025	0.029	0.038
26	0.029	0.030	0.032	0.031	0.032	0.035	0.046
27	0.036	0.036	0.038	0.038	0.042	0.043	0.051
28	0.044	0.047	0.045	0.018	0.016	0.016	0.060
29	0.016	0.020	0.018	0.017	0.016	0.022	0.029
30	0.018	0.016	0.018	0.017	0.018	0.016	0.029
31	0.016	0.016	0.021	0.018	0.016	0.016	0.029

Conventional or Direct Filtration 95% of 4-hour turbidity readings ≤ 0.3 NTU? ² <input checked="" type="radio"/> Yes / No All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / No All turbidity readings < IFE ² triggers <input checked="" type="radio"/> Yes / No Notes: P/O = PLANT OFF DV = DIVERTED		Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No PRINTED NAME: Jonathan Woody SIGNATURE: <i>Jonathan Woody</i> DATE: 6-1-24 PHONE #: (541) 643-6137 CERT #: 7232	
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¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. ² IFE = Individ Filter Eff. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP : **A**

System Name: **Glide Water Association**

ID#:4100326

Month/Year:

Disinfection
Giardia Log
Inactive: **1.0**

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ²	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
5/1/2024 7:04	1.0	150	144	9	8.5	70	Yes	175
5/2/2024 23:17	0.8	150	127	10	8.3	59	Yes	175
5/3/2024 9:21	0.7	150	109	10	8.4	60	Yes	175
5/4/2024 21:35	0.9	150	130	10	8.0	54	Yes	175
5/5/2024 7:13	0.9	150	132	9	7.8	54	Yes	175
5/6/2024 6:23	0.8	150	127	9	7.9	56	Yes	175
5/7/2024 23:40	0.8	150	124	9	7.9	54	Yes	175
5/8/2024 6:40	0.8	150	116	9	8.3	64	Yes	175
5/9/2024 9:41	0.9	150	133	10	8.1	57	Yes	175
5/10/2024 9:13	0.8	150	116	11	8.2	53	Yes	175
5/11/2024 7:18	0.7	150	106	12	8.5	55	Yes	175
5/12/2024 23:41	0.6	150	92	13	7.7	40	Yes	175
5/13/2024 6:53	0.6	150	91	13	7.7	39	Yes	175
5/14/2024 10:43	0.8	150	122	13	7.8	41	Yes	175
5/15/2024 22:19	0.8	150	127	13	7.7	39	Yes	175
5/16/2024 9:07	0.7	150	101	13	7.6	37	Yes	175
5/17/2024 7:22	0.8	150	118	14	7.7	37	Yes	175
5/18/2024 5:15	0.8	150	116	13	7.6	39	Yes	175
5/19/2024 8:19	0.8	150	124	12	7.6	41	Yes	175
5/20/2024 23:37	0.7	150	110	12	7.6	40	Yes	175
5/21/2024 6:49	0.7	150	107	13	7.6	38	Yes	175
5/22/2024 9:26	0.7	150	112	12	7.6	40	Yes	175
5/23/2024 7:16	0.7	150	112	13	7.6	38	Yes	175
5/24/2024 23:02	0.8	150	115	13	7.6	38	Yes	175
5/25/2024 12:28	0.7	150	106	13	7.6	36	Yes	175
5/26/2024 7:44	0.7	150	106	13	7.6	39	Yes	175
5/27/2024 6:50	0.7	150	106	14	7.6	36	Yes	175
5/28/2024 9:58	0.7	150	104	14	7.5	34	Yes	175
5/29/2024 23:39	0.8	150	121	14	7.6	36	Yes	175
5/30/2024 6:28	0.7	150	110	14	7.6	36	Yes	175
5/31/2024 4:50	0.8	150	113	14	7.6	35	Yes	175

² If Cl₂ at entry point < 0.2 mg/l or CT not met, DWS within 24 hours.

Return by 10th of following month by email, fax, or mail to:

dwp.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

Revised July 2018