

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

County: Douglas
 Month/Year: Jul-24
 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	0.024	0.025	0.025	0.024	0.025	0.022	0.033
2	0.021	0.023	0.022	0.021	0.021	0.022	0.030
3	0.022	0.021	0.024	0.023	0.020	0.023	0.030
4	0.022	0.023	0.029	0.022	0.022	0.022	0.035
5	0.023	0.022	0.028	0.023	0.021	0.022	0.050
6	0.022	0.025	0.024	0.027	0.022	0.024	0.070
7	0.024	0.024	0.030	0.025	0.024	0.024	0.033
8	0.025	0.026	0.026	0.025	0.022	0.024	0.075
9	0.024	0.022	0.024	0.026	0.023	0.023	0.281
10	0.028	0.023	0.025	0.025	0.022	0.023	0.066
11	0.024	0.024	0.026	0.023	0.024	0.023	0.065
12	0.023	0.022	0.028	0.023	0.022	0.025	0.035
13	0.025	0.023	0.023	0.025	0.023	0.025	0.055
14	0.026	0.026	0.026	0.026	0.027	0.030	0.035
15	0.031	0.031	0.034	0.022	0.021	0.022	0.063
16	0.022	0.055	0.054	0.025	0.025	0.024	0.096
17	0.026	P/O	0.038	0.023	0.021	0.021	0.071
18	0.022	0.023	0.031	0.023	0.022	0.022	0.035
19	0.022	0.022	0.022	0.022	0.022	0.022	0.039
20	0.022	P/O	P/O	0.053	0.023	0.022	0.076
21	0.023	0.022	0.023	0.023	0.022	0.023	0.031
22	0.023	0.022	0.027	0.024	0.024	0.025	0.035
23	0.025	0.032	0.038	0.027	0.028	0.030	0.042
24	0.031	0.033	0.059	0.024	0.022	0.024	0.070
25	0.024	0.026	0.039	0.024	0.024	0.025	0.057
26	0.026	0.025	0.030	0.028	0.026	0.023	0.035
27	0.025	0.024	0.031	0.031	0.025	0.026	0.035
28	0.027	P/O	0.032	0.032	0.030	0.031	0.037
29	0.031	0.031	0.030	0.020	0.021	0.020	0.032
30	0.020	0.020	0.022	0.022	0.020	0.021	0.031
31	0.021	0.021	0.023	0.022	0.021	0.022	0.031

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings \leq 0.3 NTU? ²	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point \geq 0.2 mg/l?
All 4-hour turbidity readings \leq 1 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All turbidity readings < IFE ² triggers	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	PRINTED NAME: Jonathan Woody	
Notes: P/O = PLANT OFF DV = DIVERTED		SIGNATURE: <i>Jonathan Woody</i>	DATE: 8-6-24
		PHONE #: (541) 643-6137	CERT #: 7232

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
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	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]
7/1/2024 4:10	0.7	150	110	18	7.9	30	Yes	175
7/2/2024 4:20	0.7	150	109	18	7.9	29	Yes	175
7/3/2024 18:33	0.6	150	96	18	7.9	30	Yes	175
7/4/2024 8:03	0.7	150	103	18	7.9	30	Yes	175
7/5/2024 6:03	0.7	150	103	19	7.9	29	Yes	175
7/6/2024 9:05	0.7	150	100	19	7.9	28	Yes	175
7/7/2024 6:19	0.7	150	102	20	7.9	27	Yes	175
7/8/2024 23:11	0.7	150	102	20	7.9	27	Yes	175
7/9/2024 11:15	0.6	150	96	20	7.9	26	Yes	175
7/10/2024 5:44	0.6	150	85	20	7.9	25	Yes	175
7/11/2024 10:50	0.8	150	118	20	8.0	27	Yes	175
7/12/2024 5:54	0.8	150	116	20	8.0	28	Yes	175
7/13/2024 10:28	0.7	150	112	20	8.0	27	Yes	175
7/14/2024 6:55	0.8	150	114	20	8.1	27	Yes	175
7/15/2024 12:15	0.8	150	114	21	8.1	27	Yes	175
7/16/2024 6:14	0.7	150	103	21	7.9	25	Yes	175
7/17/2024 10:46	0.7	150	103	20	8.1	28	Yes	175
7/18/2024 11:18	0.8	150	115	20	8.1	28	Yes	175
7/19/2024 23:06	0.7	150	105	20	8.1	27	Yes	175
7/20/2024 11:12	0.6	150	85	19	8.1	29	Yes	175
7/21/2024 9:39	0.7	150	108	19	8.1	30	Yes	175
7/22/2024 7:06	0.8	150	116	19	8.1	31	Yes	175
7/23/2024 7:01	0.8	150	121	19	8.1	32	Yes	175
7/24/2024 10:01	0.8	150	121	19	8.1	32	Yes	175
7/25/2024 11:35	0.9	150	128	19	8.1	32	Yes	175
7/26/2024 11:46	0.9	150	130	18	8.2	34	Yes	175
7/27/2024 9:34	0.9	150	134	18	8.1	34	Yes	175
7/28/2024 9:07	0.9	150	137	18	8.2	35	Yes	175
7/29/2024 13:53	0.8	150	116	18	8.1	32	Yes	175
7/30/2024 10:14	0.7	150	109	18	8.2	32	Yes	175
7/31/2024 11:43	0.7	150	109	19	8.3	32	Yes	175

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, 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