

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

County: **Douglas**
Month/Year: **Nov-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	0.020	P/O	P/O	0.019	0.021	0.020	0.034
2	0.021	P/O	P/O	0.023	0.033	0.048	0.332
3	0.039	0.037	0.037	0.020	0.051	0.037	0.138
4	0.023	0.026	0.042	0.055	0.021	0.034	0.111
5	0.051	0.022	0.020	0.022	0.034	0.055	0.105
6	0.019	0.018	0.018	0.025	0.054	0.049	0.107
7	0.019	0.018	0.018	0.018	0.018	0.021	0.038
8	0.031	P/O	0.050	0.025	0.020	0.019	0.062
9	0.018	P/O	0.018	0.018	0.018	0.018	0.022
10	0.018	0.018	P/O	0.018	0.020	0.022	0.033
11	0.021	P/O	0.025	0.034	0.029	0.020	0.085
12	0.019	0.019	0.018	0.019	0.026	0.068	0.109
13	0.022	P/O	0.030	0.071	0.020	0.018	0.094
14	0.027	P/O	0.045	P/O	0.029	0.042	0.116
15	0.055	0.055	0.021	0.019	0.019	0.028	0.107
16	0.052	0.034	0.022	0.019	0.018	0.018	0.112
17	0.016	P/O	0.016	0.018	0.019	P/O	0.409
18	P/O	P/O	0.041	0.024	0.023	0.045	0.099
19	0.022	0.019	0.023	0.025	0.027	0.021	0.292
20	0.021	0.025	0.021	0.029	0.040	0.023	0.134
21	0.020	P/O	0.020	0.020	0.030	P/O	0.170
22	0.020	0.020	0.020	0.020	0.020	0.020	0.150
23	0.020	P/O	0.020	0.020	0.020	0.020	0.130
24	P/O	P/O	P/O	0.030	0.020	0.020	0.110
25	0.020	P/O	0.020	0.020	P/O	0.020	0.100
26	0.020	P/O	0.020	0.020	P/O	P/O	0.090
27	P/O	P/O	0.020	0.020	P/O	0.020	0.050
28	0.030	0.020	0.020	0.020	0.020	0.050	0.100
29	0.030	P/O	0.030	0.030	0.030	0.030	0.080
30	0.020	P/O	0.030	0.030	0.030	0.030	0.111
31	No Data	No Data	No Data	No Data	No Data	No Data	0.000

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 / 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 / No	<input checked="" type="checkbox"/> Yes / No	<input checked="" type="checkbox"/> Yes / No
All turbidity readings < IFE ² triggers	<input checked="" type="checkbox"/> Yes / No	PRINTED NAME: Jonathan Woody	
Notes: P/O = PLANT OFF DV = DIVERTED		SIGNATURE: <i>John Woody</i>	DATE: 12-8-24
		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: **Nov-24** Disinfection **Giardia Log Inactive: 1.0**

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
11/1/2024 7:51	0.6	150	89	10	8.0	54	Yes	175
11/2/2024 10:45	0.6	150	91	10	8.3	58	Yes	175
11/3/2024 7:40	0.7	150	100	10	8.3	57	Yes	175
11/4/2024 23:14	0.6	150	89	10	8.1	55	Yes	175
11/5/2024 6:04	0.5	150	82	10	8.0	52	Yes	175
11/6/2024 5:22	0.7	150	103	9	8.0	55	Yes	175
11/7/2024 7:21	0.7	150	110	9	8.0	58	Yes	175
11/8/2024 6:30	0.8	150	120	8	8.4	71	Yes	175
11/9/2024 21:24	0.8	150	124	8	8.4	69	Yes	175
11/10/2024 17:54	0.8	150	116	9	7.9	56	Yes	175
11/11/2024 14:07	0.7	150	112	10	8.4	62	Yes	175
11/12/2024 9:22	0.6	150	92	10	8.0	53	Yes	175
11/13/2024 8:37	0.1	150	21	10	8.0	51	No	175
11/14/2024 12:16	0.6	150	89	10	8.0	52	Yes	175
11/15/2024 15:00	0.8	150	118	10	8.2	59	Yes	175
11/16/2024 0:55	0.9	150	129	9	8.3	65	Yes	175
11/17/2024 6:43	1.2	150	180	9	8.3	68	Yes	175
11/18/2024 19:28	1.2	150	176	9	8.1	64	Yes	175
11/19/2024 22:53	1.1	150	161	9	8.2	66	Yes	175
11/20/2024 9:53	1.0	150	156	9	8.2	63	Yes	175
11/21/2024 8:54	1.0	150	156	10	8.0	56	Yes	175
11/22/2024 7:07	1.0	150	156	9	8.1	59	Yes	175
11/23/2024 8:54	1.0	150	150	9	8.0	60	Yes	175
11/24/2024 9:58	1.1	150	159	9	8.1	62	Yes	175
11/25/2024 0:47	1.2	150	173	9	8.1	63	Yes	175
11/26/2024 10:16	1.2	150	177	8	8.1	66	Yes	175
11/27/2024 10:50	1.0	150	156	8	8.2	69	Yes	175
11/28/2024 23:07	1.2	150	186	7	8.3	79	Yes	175
11/29/2024 18:44	0.9	150	141	6	8.3	78	Yes	175
11/30/2024 2:35	1.1	150	159	6	8.3	81	Yes	175
31	#N/A	150	#N/A	#N/A	#N/A	#N/A	#N/A	175

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, DWS within 24 hours.

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Return by 10th of following month by email, fax, or mail to:
dwp.dmcce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350