

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

County: **Douglas**  
Month/Year: **Jan-23**

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 <sup>1</sup> [NTU]
1	0.068	P/O	0.070	0.085	0.049	0.109	0.202
2	0.042	P/O	0.040	0.057	0.058	0.035	0.093
3	0.034	0.040	0.035	0.071	0.144	0.034	0.202
4	0.025	0.022	0.021	0.025	0.041	0.073	0.149
5	0.063	P/O	0.022	0.021	0.019	0.025	0.071
6	0.019	P/O	0.018	0.017	0.019	0.023	0.030
7	0.029	0.033	P/O	0.067	0.032	0.021	0.117
8	0.018	P/O	0.018	0.017	0.018	0.018	0.025
9	0.021	P/O	0.029	0.031	0.020	0.018	0.067
10	0.018	P/O	0.018	0.021	0.031	0.035	0.062
11	0.021	P/O	0.018	0.018	0.018	0.019	0.032
12	0.025	0.022	0.020	0.019	0.019	0.019	0.062
13	0.037	P/O	0.041	0.024	0.020	0.019	0.069
14	0.021	P/O	0.020	0.025	0.019	0.018	0.058
15	0.018	P/O	0.019	0.021	0.025	0.019	0.056
16	0.019	0.018	0.019	0.020	0.023	0.019	0.053
17	0.018	P/O	0.018	0.019	0.023	0.023	0.055
18	0.021	0.020	0.019	0.018	0.024	0.021	0.051
19	0.019	P/O	0.019	0.019	0.018	0.017	0.058
20	0.023	P/O	P/O	0.019	0.018	0.020	0.062
21	0.027	0.025	P/O	0.023	0.021	0.024	0.052
22	0.023	0.020	P/O	0.019	0.018	0.022	0.052
23	0.022	P/O	0.019	0.018	0.018	0.017	0.040
24	0.021	0.026	P/O	0.021	0.018	0.017	0.051
25	0.023	P/O	P/O	0.019	0.018	0.017	0.034
26	0.022	0.030	0.017	0.019	0.017	0.018	0.036
27	0.017	P/O	0.017	0.016	0.021	0.023	0.080
28	0.019	0.018	P/O	0.017	0.017	0.016	0.018
29	0.016	0.016	0.016	0.015	0.016	0.016	0.016
30	0.015	0.015	0.015	0.023	0.020	0.018	0.051
31	0.017	P/O	0.017	0.017	0.017	0.026	0.047

<b>Conventional or Direct Filtration</b> 95% of 4-hour turbidity readings ≤ 0.3 NTU? <sup>2</sup> <input checked="" type="radio"/> Yes / No All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / No All turbidity readings < IFE <sup>2</sup> triggers <input checked="" type="radio"/> Yes / No		<b>Monthly Summary (Answer Yes or No)</b> CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No	
<b>Notes: P/O = PLANT OFF DV = DIVERTED</b>		PRINTED NAME: <b>Jonathan Woody</b> SIGNATURE: <i>Jonathan Woody</i> DATE: <b>2-10-23</b> PHONE #: <b>(541) 643-6137</b> CERT #: <b>7232</b>	

<sup>1</sup> 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. <sup>2</sup> IFE = Individ Filter Eff. (333-061-0040(1)(d)(B&C))

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

WTP : **A**  
 Disinfection  
 Giardia Log  
 Inactive: **1.0**

**System Name:** **Gilde Water Association**      **ID#:4100326**      **Month/Year:** Jan-23

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (c) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1/1/2023 10:55	0.7	150	100	8	6.8	40	Yes	175
1/2/2023 6:26	0.7	150	104	7	7.2	48	Yes	175
1/3/2023 8:14	0.7	150	110	7	6.9	44	Yes	175
1/4/2023 7:26	0.7	150	108	7	7.1	47	Yes	175
1/5/2023 7:36	0.8	150	122	8	7.2	47	Yes	175
1/6/2023 7:36	0.8	150	126	8	7.5	53	Yes	175
1/7/2023 2:52	1.0	150	149	8	7.6	54	Yes	175
1/8/2023 5:26	1.1	150	164	8	7.5	53	Yes	175
1/9/2023 20:44	0.7	150	110	8	7.5	52	Yes	175
1/10/2023 7:42	0.7	150	103	7	7.2	49	Yes	175
1/11/2023 18:44	0.8	150	123	7	7.2	48	Yes	175
1/12/2023 9:51	0.8	150	119	7	7.2	48	Yes	175
1/13/2023 9:24	0.9	150	128	9	7.3	46	Yes	175
1/14/2023 8:29	0.8	150	125	9	7.4	48	Yes	175
1/15/2023 6:02	0.8	150	126	8	7.5	49	Yes	175
1/16/2023 8:56	0.9	150	132	7	7.4	52	Yes	175
1/17/2023 23:46	0.8	150	123	7	7.3	50	Yes	175
1/18/2023 7:16	0.8	150	119	7	7.3	52	Yes	175
1/19/2023 6:55	0.8	150	125	6	7.5	58	Yes	175
1/20/2023 8:33	0.9	150	131	6	8.1	77	Yes	175
1/21/2023 10:09	0.8	150	125	6	7.5	60	Yes	175
1/22/2023 10:05	0.8	150	125	6	7.5	60	Yes	175
1/23/2023 6:59	0.8	150	125	5	7.5	62	Yes	175
1/24/2023 8:07	0.8	150	126	5	7.5	61	Yes	175
1/25/2023 8:45	0.9	150	128	5	7.5	63	Yes	175
1/26/2023 8:57	0.9	150	137	5	7.6	64	Yes	175
1/27/2023 7:20	0.9	150	131	5	7.6	64	Yes	175
1/28/2023 17:35	1.0	150	144	6	7.6	62	Yes	175
1/29/2023 22:04	0.9	150	138	6	7.6	62	Yes	175
1/30/2023 22:23	0.9	150	131	4	7.5	69	Yes	175
1/31/2023 19:03	0.8	150	119	3	7.5	71	Yes	175

<sup>3</sup> If Cl<sub>2</sub> 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](mailto:dwp.dnce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

Revised July 2018