

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

County: Douglas
Month/Year: Jun-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 ¹ [NTU]	
1	0.020	0.019	0.019	0.019	0.022	0.020	0.036	
2	0.020	0.019	0.021	0.020	0.016	0.018	0.047	
3	0.016	0.016	0.017	0.018	0.016	0.016	0.034	
4	0.017	0.016	P/O	0.017	0.020	0.018	0.036	
5	0.019	0.018	0.019	0.018	0.019	0.018	0.031	
6	0.018	0.018	0.023	0.019	0.018	0.018	0.042	
7	0.019	0.018	0.018	0.018	0.020	0.018	0.031	
8	0.020	0.020	0.020	0.018	0.019	0.019	0.042	
9	0.020	0.020	P/O	0.020	0.020	0.021	0.034	
10	0.020	0.020	0.020	0.021	0.021	0.022	0.040	
11	0.021	0.021	0.023	0.021	0.021	0.023	0.040	
12	0.025	0.023	0.023	0.025	0.029	0.031	0.047	
13	0.029	0.029	0.028	0.031	0.030	0.029	0.053	
14	0.029	0.032	0.030	0.030	0.031	0.032	0.051	
15	0.034	0.033	0.033	0.033	0.036	0.035	0.047	
16	0.036	P/O	0.036	0.039	0.027	0.021	0.055	
17	0.022	0.021	0.021	0.021	0.023	0.023	0.034	
18	0.022	0.021	0.027	0.023	0.023	0.022	0.040	
19	0.023	0.027	0.023	0.023	0.023	0.023	0.042	
20	0.025	0.023	0.024	0.023	0.023	0.023	0.040	
21	0.026	0.025	0.024	0.025	0.025	0.027	0.038	
22	0.025	0.025	0.025	0.027	0.027	0.028	0.040	
23	0.029	0.029	0.029	0.028	0.021	0.022	0.034	
24	0.020	0.020	0.019	0.020	0.020	0.020	0.034	
25	0.021	0.020	0.020	0.020	0.021	0.021	0.031	
26	0.020	0.020	0.022	0.020	0.020	0.021	0.040	
27	0.021	P/O	0.019	0.018	0.020	0.020	0.031	
28	0.020	0.021	0.020	0.019	0.020	0.021	0.040	
29	0.021	0.021	0.020	0.020	0.020	0.021	0.042	
30	0.021	0.020	0.021	0.020	0.020	0.023	0.036	
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 ≤ 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 ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 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: 7-7-23
		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**

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (m)	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]
6/1/2023 8:32	0.7	150	100	14	7.9	39	Yes	175
6/2/2023 23:31	0.8	150	121	14	8.1	41	Yes	175
6/3/2023 8:24	0.7	150	109	15	8.1	40	Yes	175
6/4/2023 9:51	0.7	150	107	15	8.1	39	Yes	175
6/5/2023 7:14	0.7	150	110	16	8.1	37	Yes	175
6/6/2023 8:34	0.7	150	104	16	8.1	36	Yes	175
6/7/2023 8:35	0.7	150	106	16	8.1	37	Yes	175
6/8/2023 11:26	0.8	150	123	16	8.1	37	Yes	175
6/9/2023 12:06	0.8	150	125	17	8.1	37	Yes	175
6/10/2023 10:40	0.7	150	100	17	8.1	34	Yes	175
6/11/2023 10:00	0.6	150	97	17	8.1	35	Yes	175
6/12/2023 7:54	0.7	150	101	17	8.1	34	Yes	175
6/13/2023 15:18	0.8	150	124	18	8.1	33	Yes	175
6/14/2023 8:20	0.8	150	119	17	8.1	34	Yes	175
6/15/2023 7:04	0.9	150	133	16	8.1	37	Yes	175
6/16/2023 10:23	0.9	150	132	16	8.2	39	Yes	175
6/17/2023 12:36	0.9	150	130	17	8.2	36	Yes	175
6/18/2023 11:35	0.9	150	133	17	8.1	35	Yes	175
6/19/2023 10:47	0.9	150	133	14	8.0	41	Yes	175
6/20/2023 6:54	0.9	150	137	14	8.1	43	Yes	175
6/21/2023 6:53	1.0	150	145	15	8.2	42	Yes	175
6/22/2023 7:34	0.9	150	134	16	8.1	37	Yes	175
6/23/2023 15:15	0.7	150	111	17	8.2	36	Yes	175
6/24/2023 7:08	0.7	150	112	17	8.2	36	Yes	175
6/25/2023 21:33	0.7	150	112	17	8.2	36	Yes	175
6/26/2023 6:53	0.7	150	104	17	8.3	36	Yes	175
6/27/2023 7:15	0.8	150	121	17	8.2	36	Yes	175
6/28/2023 9:11	0.7	150	110	18	8.3	35	Yes	175
6/29/2023 7:20	0.8	150	119	18	8.3	35	Yes	175
6/30/2023 9:18	0.8	150	127	19	8.4	34	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.

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