

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

County: **Douglas**
 Month/Year: **Jul-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	0.022	P/O	0.020	0.022	0.021	0.023	0.038
2	0.025	0.023	0.023	0.023	0.024	0.026	0.044
3	0.027	0.027	0.027	0.026	0.022	0.023	0.040
4	0.023	0.021	0.021	0.022	0.022	0.024	0.038
5	0.026	0.025	0.025	0.021	0.021	0.023	0.040
6	0.025	0.023	0.023	0.021	0.024	0.025	0.033
7	0.025	0.027	0.025	0.025	0.027	0.029	0.044
8	0.029	0.029	0.029	0.029	0.029	0.029	0.029
9	0.029	0.029	0.029	0.029	0.029	0.029	0.029
10	0.029	0.029	0.027	0.018	0.019	0.020	0.030
11	0.020	0.020	0.021	0.019	0.018	0.021	0.033
12	0.021	0.020	0.020	0.021	0.020	0.021	0.036
13	0.022	0.020	0.024	0.020	0.018	0.020	0.034
14	0.020	0.019	0.019	0.019	0.020	0.021	0.040
15	0.022	0.021	0.021	0.020	0.021	0.025	0.038
16	0.025	0.025	0.025	0.026	0.030	0.035	0.040
17	0.038	0.043	0.049	0.050	0.022	0.024	0.081
18	0.023	0.022	0.021	0.020	0.021	0.025	0.042
19	0.023	0.021	0.021	0.022	0.022	0.024	0.046
20	0.025	0.021	0.021	0.021	0.021	0.023	0.044
21	0.023	0.023	0.022	0.021	0.023	0.026	0.034
22	0.027	0.026	0.029	0.029	0.032	0.038	0.047
23	0.038	0.039	0.041	0.045	0.052	0.055	0.058
24	0.055	0.055	0.055	0.022	0.022	0.023	0.057
25	0.024	0.021	0.021	0.020	0.021	0.022	0.036
26	0.022	0.021	0.022	0.020	0.021	0.023	0.051
27	0.022	P/O	0.021	0.021	0.021	0.023	0.051
28	0.025	0.021	0.022	0.023	0.023	0.025	0.055
29	0.027	0.026	0.028	0.028	0.032	0.035	0.060
30	0.037	P/O	0.041	0.046	0.033	0.029	0.103
31	0.029	0.029	0.029	0.025	0.021	0.023	0.068

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? ²	<input checked="" type="radio"/> Yes / <input type="radio"/> 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="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
All turbidity readings < IFE ² triggers	<input checked="" type="radio"/> Yes / <input type="radio"/> No	PRINTED NAME: Jonathan Woody	
Notes: P/O = PLANT OFF DV = DIVERTED		SIGNATURE: <i>Jonathan Woody</i>	DATE: 8/18/23
		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 (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]
7/1/2023 7:20	0.7	150	101	19	8.3	32	Yes	175
7/2/2023 23:38	0.8	150	118	19	8.4	34	Yes	175
7/3/2023 8:17	0.6	150	91	19	8.4	33	Yes	175
7/4/2023 14:35	0.8	150	115	19	8.4	34	Yes	175
7/5/2023 8:20	0.7	150	110	19	8.3	32	Yes	175
7/6/2023 8:36	0.9	150	130	20	8.4	34	Yes	175
7/7/2023 7:38	0.9	150	131	19	8.4	34	Yes	175
7/8/2023 8:45	0.8	150	124	19	8.5	36	Yes	175
7/9/2023 7:21	0.8	150	124	19	8.5	35	Yes	175
7/10/2023 7:15	0.8	150	124	19	8.4	34	Yes	175
7/11/2023 23:31	0.7	150	103	19	8.5	36	Yes	175
7/12/2023 8:19	0.7	150	100	19	8.5	34	Yes	175
7/13/2023 12:00	0.8	150	113	20	8.5	34	Yes	175
7/14/2023 7:21	0.8	150	119	20	8.5	33	Yes	175
7/15/2023 7:36	0.9	150	128	20	8.5	32	Yes	175
7/16/2023 3:12	0.9	150	133	21	8.6	33	Yes	175
7/17/2023 22:24	0.8	150	119	21	8.6	33	Yes	175
7/18/2023 7:39	0.6	150	87	20	8.5	32	Yes	175
7/19/2023 9:41	0.6	150	88	20	8.6	33	Yes	175
7/20/2023 7:13	0.9	150	136	20	8.6	34	Yes	175
7/21/2023 14:00	0.8	150	125	21	8.6	33	Yes	175
7/22/2023 13:40	0.6	150	88	21	8.6	31	Yes	175
7/23/2023 14:52	0.6	150	94	21	8.6	32	Yes	175
7/24/2023 7:37	0.7	150	101	21	8.7	34	Yes	175
7/25/2023 8:26	0.5	150	82	20	8.6	33	Yes	175
7/26/2023 7:45	0.7	150	104	20	8.8	35	Yes	175
7/27/2023 3:55	0.7	150	104	20	8.7	36	Yes	175
7/28/2023 8:12	0.5	150	81	20	8.7	35	Yes	175
7/29/2023 9:21	0.9	150	131	19	8.7	37	Yes	175
7/30/2023 22:04	0.9	150	131	20	8.7	37	Yes	175
7/31/2023 23:29	0.7	150	100	20	8.7	36	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.gmca@state.or.us 971-673-0694 or Drinking Water Services PO Box 14350, Portland OR 97293-0350