

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

County: **Douglas**
Month/Year: **Nov-23**
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	0.020	0.020	0.020	0.020	0.020	0.023
2	POL	0.020	0.020	0.020	0.020	POL	0.020
3	0.020	POL	0.020	POL	0.020	POL	0.020
4	0.020	POL	0.020	0.020	0.020	POL	0.030
5	POL	POL	POL	0.030	0.100	0.040	0.100
6	0.030	0.020	POL	0.020	0.020	0.090	0.130
7	0.060	POL	POL	0.050	0.040	POL	0.070
8	0.030	POL	POL	0.030	0.020	0.050	0.050
9	0.020	POL	0.020	POL	0.020	0.030	0.040
10	0.020	POL	POL	0.020	0.020	0.020	0.030
11	0.030	0.020	0.020	0.020	0.020	0.020	0.040
12	0.020	POL	POL	POL	0.020	POL	0.030
13	POL	POL	POL	0.020	0.020	0.020	0.030
14	POL	POL	0.020	0.020	POL	0.020	0.020
15	POL	POL	0.030	POL	0.020	0.020	0.030
16	POL	POL	0.060	0.020	POL	0.020	0.060
17	POL	0.020	POL	0.020	0.020	POL	0.040
18	0.020	POL	POL	POL	0.020	POL	0.030
19	0.020	POL	POL	0.030	0.030	POL	0.050
20	0.020	POL	POL	0.020	POL	0.030	0.060
21	POL	POL	0.020	POL	0.020	0.020	0.050
22	POL	0.030	POL	0.020	POL	0.020	0.030
23	POL	0.020	POL	0.040	POL	POL	0.040
24	0.030	POL	POL	0.020	0.040	0.020	0.040
25	0.020	POL	POL	0.020	POL	POL	0.030
26	0.020	POL	POL	0.020	POL	0.020	0.020
27	POL	POL	0.050	0.020	POL	0.030	0.040
28	POL	0.090	POL	0.030	POL	0.040	0.050
29	POL	POL	0.020	0.020	0.020	0.020	0.020
30	POL	POL	0.020	0.020	0.020	0.020	0.020
31							

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings \leq 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 \geq 0.2 mg/l?
All 4-hour turbidity readings \leq 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: 12-8-23
		PHONE #: (541) 496-3614	CERT #: D-069208/T-09207

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may 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**
 Disinfection
 Giardia Log
 Inactive: **1.0**

System Name: **Glide Water Association** ID#: **4100326** Month/Year: **Nov-23**

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]
11/1/2023 10:02	0.8	150	113	8	8.2	66	Yes	175
11/2/2023 10:30	0.8	150	124	9	8.1	59	Yes	175
11/3/2023 10:20	0.9	150	133	10	8.3	59	Yes	175
11/4/2023 17:48	0.9	150	136	11	8.0	50	Yes	175
11/5/2023 0:44	0.6	150	95	12	8.3	50	Yes	175
11/6/2023 0:41	1.0	150	144	12	7.6	42	Yes	175
11/7/2023 0:40	0.9	150	141	11	7.8	47	Yes	175
11/8/2023 0:30	0.9	150	129	12	8.0	48	Yes	175
11/9/2023 0:43	1.3	150	191	9	7.2	45	Yes	175
11/10/2023 0:30	0.9	150	135	11	7.6	45	Yes	175
11/11/2023 0:31	1.1	150	161	10	7.8	52	Yes	175
11/12/2023 0:30	1.0	150	147	11	7.7	46	Yes	175
11/13/2023 0:30	0.9	150	138	10	8.0	56	Yes	175
11/14/2023 0:30	0.8	150	123	8	7.7	54	Yes	175
11/15/2023 0:30	0.8	150	126	9	7.9	57	Yes	175
11/16/2023 0:49	0.9	150	138	9	7.7	54	Yes	175
11/17/2023 0:45	0.9	150	131	9	7.7	54	Yes	175
11/18/2023 0:30	0.9	150	141	11	7.8	48	Yes	175
11/19/2023 0:31	0.9	150	128	7	7.9	66	Yes	175
11/20/2023 0:30	0.9	150	131	7	7.9	66	Yes	175
11/21/2023 0:30	0.8	150	113	7	8.4	76	Yes	175
11/22/2023 0:30	0.7	150	99	9	7.7	51	Yes	175
11/23/2023 0:31	0.8	150	121	8	7.8	56	Yes	175
11/24/2023 0:31	0.9	150	131	8	7.7	56	Yes	175
11/25/2023 0:30	0.9	150	134	8	8.1	64	Yes	175
11/26/2023 0:30	0.9	150	140	8	7.8	58	Yes	175
11/27/2023 0:30	1.1	150	170	6	8.4	85	Yes	175
11/28/2023 0:30	0.9	150	135	5	8.4	88	Yes	175
11/29/2023 0:30	0.9	150	141	5	8.3	86	Yes	175
11/30/2023 0:30	0.9	150	131	5	8.3	85	Yes	175
31	#N/A	150	#N/A	#N/A	#N/A	#N/A	#N/A	175

Revised July 2018

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