

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

County: **Douglas**
 Month/Year: **Jan-24**

System Name:	Glide Water Association		ID#: 41	00326			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	0.02	0.02	0.02	0.02	0.03	0.03	0.05	
2	0.02	P/O	0.02	0.02	0.02	0.02	0.03	
3	0.02	0.03	P/O	0.03	0.02	0.02	0.05	
4	0.02	P/O	0.02	0.02	0.02	0.02	0.05	
5	0.02	P/O	0.02	0.03	0.03	0.02	0.06	
6	0.03	0.05	P/O	0.04	0.04	0.05	0.09	
7	0.03	0.04	P/O	0.04	0.06	0.07	0.15	
8	0.04	P/O	0.05	0.04	0.03	0.04	0.08	
9	0.05	0.03	P/O	0.06	0.05	0.06	0.17	
10	P/O	0.02	P/O	0.02	0.04	0.03	0.04	
11	P/O	0.02	0.02	0.02	0.02	P/O	0.02	
12	P/O	P/O	0.02	0.03	0.03	P/O	0.03	
13	P/O	P/O	P/O	0.20	0.06	0.08	0.08	
14	P/O	P/O	0.14	0.04	0.07	0.06	0.14	
15	0.04	0.04	0.04	0.04	0.13	0.03	0.13	
16	P/O	P/O	P/O	0.04	0.09	0.04	0.09	
17	0.07	0.02	P/O	0.09	0.07	0.07	0.09	
18	0.04	P/O	0.09	0.05	0.11	P/O	0.11	
19	0.05	P/O	0.03	0.07	0.04	P/O	0.07	
20	P/O	P/O	P/O	0.05	0.04	0.06	0.06	
21	0.03	0.07	0.07	0.04	0.04	0.07	0.07	
22	0.03	P/O	0.04	0.03	P/O	0.04	0.04	
23	0.06	P/O	P/O	0.13	0.04	0.06	0.13	
24	P/O	P/O	0.04	P/O	0.04	0.06	0.06	
25	0.05	P/O	0.05	0.04	0.05	0.03	0.05	
26	0.03	P/O	P/O	0.03	P/O	0.03	0.03	
27	P/O	0.05	P/O	0.04	0.04	0.06	0.06	
28	0.04	P/O	0.05	0.09	0.04	0.04	0.09	
29	P/O	0.04	P/O	0.03	0.04	0.07	0.07	
30	0.03	0.03	0.03	P/O	0.03	0.03	0.03	
31	0.04	P/O	0.04	0.03	0.02	0.03	0.04	

Conventional or Direct Filtration			Monthly Summary (Answer Yes or No)		
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No				
All turbidity readings < IFE ² triggers	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No				
Notes:			PRINTED NAME: Jonathan Woody		
			SIGNATURE: <i>Jonathan Woody</i>		DATE: 2/19/24
			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**

Disinfection
Giardia Log
Inactive: **1.0**

System Name: **Glide Water Association** ID#: **4100326** Month/Year: **Jan-24**

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]
1/1/2024 10:45	0.8	150	113	7	7.6	56	Yes	175
1/2/2024 6:16	0.8	150	116	7	7.7	58	Yes	175
1/3/2024 2:30	0.8	150	126	7	7.7	58	Yes	175
1/4/2024 6:30	0.8	150	116	8	7.7	56	Yes	175
1/5/2024 21:08	0.9	150	129	8	8.0	62	Yes	175
1/6/2024 21:20	0.7	150	101	7	7.6	57	Yes	175
1/7/2024 9:16	0.7	150	98	7	7.6	57	Yes	175
1/8/2024 9:25	0.7	150	101	7	7.6	58	Yes	175
1/9/2024 19:36	0.8	150	119	7	7.9	63	Yes	175
10	0.9	150	137	5	7.9	72	Yes	175
11	0.7	150	99	5	8.0	74	Yes	175
12	0.9	150	134	5	7.5	62	Yes	175
13	0.9	150	135	6	7.5	59	Yes	175
14	0.9	150	135	5	7.5	64	Yes	175
15	0.9	150	135	6	8.3	80	Yes	175
16	0.9	150	131	6	7.7	66	Yes	175
17	1.0	150	146	6	7.8	65	Yes	175
18	0.9	150	128	7	7.4	54	Yes	175
19	0.8	150	126	8	7.9	58	Yes	175
20	0.8	150	120	8	7.9	59	Yes	175
21	0.9	150	135	8	7.8	58	Yes	175
22	0.9	150	135	8	8.0	65	Yes	175
23	0.8	150	117	8	7.6	54	Yes	175
24	0.8	150	125	8	7.9	61	Yes	175
25	0.8	150	120	8	7.9	59	Yes	175
26	0.9	150	135	8	8.0	64	Yes	175
27	0.9	150	135	7	7.9	64	Yes	175
28	0.8	150	120	7	7.9	63	Yes	175
29	0.9	150	128	8	8.0	61	Yes	175
30	0.8	150	125	9	7.9	57	Yes	175
31	0.9	150	132	10	7.9	53	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.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350