

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Douglas

Conventional or Direct Filtration

Month/Year: Feb-21

System Name:	City of Glendale		ID#: 41-00323				WTP : TP -	WTP-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	---	---	---	---	0.05	0.10	0.10	
2	---	---	0.12	0.09	0.08	0.07	0.12	
3	0.15	0.07	0.11	0.05	0.06	0.08	0.15	
4	0.07	0.07	0.09	0.14	0.06	0.09	0.14	
5	0.06	0.10	---	0.08	0.09	0.11	0.11	
6	---	---	0.07	0.04	0.05	0.13	0.13	
7	0.09	0.07	0.05	0.03	0.05	0.10	0.10	
8	---	---	0.04	0.05	0.05	0.08	0.08	
9	0.07	---	0.07	0.07	0.06	0.08	0.08	
10	---	---	0.07	0.08	0.05	0.11	0.11	
11	0.07	0.08	0.07	0.03	0.05	0.07	0.08	
12	---	---	0.07	0.04	0.04	0.02	0.07	
13	0.00	0.02	0.04	0.05	0.04	0.03	0.05	
14	---	---	0.04	0.04	0.04	0.03	0.04	
15	0.02	---	0.03	0.04	0.04	0.03	0.04	
16	0.03	---	0.06	0.04	0.04	0.02	0.06	
17	0.04	---	0.04	0.04	0.05	0.03	0.05	
18	---	---	0.05	0.04	0.05	0.03	0.05	
19	0.02	---	0.04	0.04	0.04	0.02	0.04	
20	0.02	---	0.04	0.05	0.04	0.03	0.05	
21	---	---	0.05	0.06	0.06	0.03	0.06	
22	0.04	0.02	0.06	0.05	---	0.03	0.06	
23	0.02	---	0.05	0.05	0.06	0.03	0.06	
24	---	---	---	---	0.05	0.02	0.05	
25	0.02	0.02	0.05	0.05	0.06	0.02	0.06	
26	0.06	0.02	0.05	0.05	0.05	0.04	0.06	
27	---	---	0.06	0.07	0.05	0.03	0.07	
28	0.02	0.04	0.06	0.03	0.05	0.03	0.06	

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? Yes/No	CT's met everyday? (see back) Yes/No	All Cl2 residual at entry point ≥ 0.2 mg/l? Yes/No
All 4-hour turbidity readings ≤ 1 NTU? Yes/No		
All turbidity readings < IFE ² triggers Yes/No		
Notes:	PRINTED NAME: Michael Bollweg	
	SIGNATURE: <i>Michael Bollweg</i>	DATE: 3.9.21
	PHONE #: (541) 415-1117	CERT #: 5296

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 Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :	WTP-A
Disinfection <i>Giardia</i> Log Inactive:	0.5

System Name: City of Glendale ID#: 41-00323 Month/Year: Feb-21

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]
1	1.31	1313	1720	9	7.6	26	YES	212
2	1.03	1331	1371	9	7.9	28	YES	210
3	1.36	1426	1939	9	8.2	33	YES	209
4	1.08	1500	1620	9	7.7	27	YES	211
5	1.12	1560	1747	9	7.9	29	YES	211
6	1.7	1476	2508	9	8.1	33	YES	209
7	1.36	1566	2129	9	7.6	27	YES	211
8	1.16	1513	1755	9	8.0	30	YES	210
9	1.03	1540	1586	9	7.9	28	YES	210
10	0.94	1499	1409	8	8.0	31	YES	208
11	1.17	1551	1815	9	7.8	28	YES	210
12	0.88	1536	1352	9	8.0	29	YES	206
13	0.9	1569	1413	9	7.8	27	YES	209
14	1.01	1546	1561	9	8.2	32	YES	207
15	0.87	1542	1341	9	8.3	32	YES	209
16	0.91	1544	1405	9	8.2	31	YES	208
17	0.96	1540	1478	9	8.1	30	YES	210
18	0.83	1522	1263	9	8.0	29	YES	211
19	0.99	1538	1523	10	7.8	26	YES	208
20	0.9	1555	1399	9	7.9	28	YES	208
21	1.1	1496	1646	9	8.1	31	YES	210
22	1.04	1568	1630	10	7.9	27	YES	210
23	0.69	1547	1068	10	8.1	27	YES	209
24	1.04	1433	1490	9	7.9	28	YES	208
25	0.75	1514	1136	9	7.9	28	YES	209
26	0.91	1551	1411	9	7.7	26	YES	210
27	0.99	1527	1512	9	7.6	25	YES	208
28	0.71	1551	1101	10	7.7	24	YES	210

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised July 2018

Return by 10th of following month by email, fax, or mail to:
 dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350