

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

County: **Douglas**
 Month/Year: **Nov-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	---	---	---	0.07	0.07	0.05	0.07
2	---	---	0.05	0.07	---	---	0.07
3	---	---	0.06	0.05	0.06	0.04	0.06
4	---	---	0.05	0.07	0.06	---	0.07
5	---	---	0.06	0.06	0.06	0.04	0.06
6	---	---	0.05	0.06	0.05	---	0.06
7	---	---	0.05	0.05	0.05	---	0.05
8	---	---	0.05	0.05	0.05	---	0.05
9	---	---	0.05	0.04	0.04	---	0.05
10	---	---	---	0.05	0.05	0.04	0.05
11	---	---	0.04	0.10	0.07	---	0.10
12	---	---	0.06	0.07	0.08	---	0.08
13	---	---	0.05	0.07	0.06	---	0.07
14	---	---	0.05	0.05	0.06	---	0.06
15	---	---	0.05	0.05	0.06	---	0.06
16	---	---	0.06	0.05	0.04	---	0.06
17	---	---	0.04	0.04	0.05	0.03	0.05
18	---	---	0.03	0.06	---	---	0.06
19	---	---	0.04	0.05	0.08	0.05	0.08
20	---	---	0.04	0.05	0.04	---	0.05
21	---	---	0.03	0.05	0.04	0.04	0.05
22	---	---	0.04	0.04	0.05	---	0.05
23	---	---	0.05	0.04	0.04	0.06	0.06
24	---	---	0.04	0.05	0.04	---	0.05
25	---	---	0.06	0.04	0.06	0.03	0.06
26	---	---	0.05	0.05	0.05	---	0.05
27	---	---	0.05	0.04	0.05	0.04	0.05
28	---	---	0.04	0.05	---	0.04	0.05
29	0.03	---	0.04	0.05	0.06	---	0.06
30	---	---	0.06	0.05	0.06	---	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 Cl ₂ 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: Michael Bollweg	DATE: 12-10-21
	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

System Name: City of Glendale				ID#: 41-00323	Month/Year: Nov-21	WTP - : WTP-A	Disinfection <i>Giardia</i> Log Inactive: 0.5
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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	0.8	1190	952	14	7.7	18	YES	262
2	0.92	1255	1154	14	7.9	20	YES	255
3	1.41	1191	1679	14	7.9	21	YES	258
4	1.29	1241	1601	14	7.8	20	YES	256
5	0.57	1200	684	14	7.8	19	YES	256
6	0.95	1245	1183	13	7.8	21	YES	256
7	1.16	1223	1419	13	7.8	21	YES	255
8	1.45	1227	1780	12	7.9	24	YES	255
9	1.46	1227	1792	11	7.9	26	YES	255
10	1.25	1222	1528	12	7.7	22	YES	257
11	1.18	1241	1464	11	8.1	27	YES	256
12	1.63	1223	1994	12	8.0	26	YES	254
13	1.62	1241	2010	12	7.9	25	YES	256
14	1.58	1231	1946	13	8.0	24	YES	257
15	1.37	1209	1656	13	7.9	23	YES	257
16	1.25	1222	1528	12	7.8	23	YES	257
17	0.93	1191	1108	11	8.0	25	YES	256
18	1.15	1240	1426	10	8.0	28	YES	257
19	1.35	1196	1614	11	7.5	22	YES	256
20	1.31	1245	1631	11	7.9	26	YES	257
21	1.25	1209	1511	10	7.9	27	YES	258
22	1.25	1227	1533	9	7.9	29	YES	258
23	1.28	1191	1524	10	8.0	28	YES	258
24	1.66	1240	2059	9	7.9	31	YES	257
25	1.41	1191	1679	9	8.2	33	YES	258
26	1.03	1236	1273	9	7.9	28	YES	257
27	1.45	1214	1760	9	8.1	32	YES	256
28	1.69	1249	2111	10	8.0	30	YES	258
29	1.58	1268	2003	11	7.8	26	YES	256
30	1.54	1232	1898	11	8.0	27	YES	254

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