

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

County: **Douglas**  
 Month/Year: **Dec-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 <sup>1</sup> [NTU]
1	---	---	0.06	0.04	0.04	---	0.06
2	---	---	0.05	0.05	0.05	---	0.05
3	---	---	0.05	0.05	0.04	---	0.05
4	---	---	0.05	0.04	0.04	0.03	0.05
5	---	---	0.05	0.05	---	---	0.05
6	---	---	0.04	0.05	0.05	0.03	0.05
7	---	---	---	0.05	0.06	0.05	0.06
8	---	---	0.05	0.06	0.06	---	0.06
9	---	---	0.06	0.06	0.07	0.06	0.07
10	---	---	0.05	0.05	0.05	---	0.05
11	---	---	0.05	0.06	0.06	0.06	0.06
12	---	---	0.06	0.07	0.06	---	0.07
13	---	---	0.13	0.13	0.06	---	0.13
14	---	---	0.06	0.10	0.08	0.04	0.10
15	0.04	0.04	0.06	0.06	0.05	---	0.06
16	---	---	0.06	0.06	0.05	0.04	0.06
17	0.03	---	0.06	0.07	0.06	---	0.07
18	---	---	0.05	0.05	0.06	0.04	0.06
19	0.03	---	0.06	0.05	0.05	---	0.06
20	---	---	0.06	0.06	0.07	0.04	0.07
21	0.10	---	0.07	0.06	0.07	---	0.10
22	0.04	0.03	0.05	0.07	---	---	0.07
23	0.04	---	0.08	0.09	0.06	---	0.09
24	---	---	0.07	0.08	0.07	0.04	0.08
25	0.05	0.06	0.09	0.05	0.05	---	0.09
26	---	---	0.09	0.09	0.04	0.04	0.09
27	0.03	0.05	0.05	---	0.06	0.20	0.20
28	0.03	---	0.05	0.08	0.06	0.04	0.08
29	---	---	0.08	0.08	0.07	0.10	0.10
30	0.03	---	0.05	0.08	0.06	---	0.08
31	---	---	0.05	0.06	0.05	0.04	0.06

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="radio"/> Yes / 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 / No	<input checked="" type="radio"/> Yes / No	<input checked="" type="radio"/> Yes / No
All turbidity readings < IFE <sup>2</sup> triggers	<input checked="" type="radio"/> Yes / No		

Notes:

PRINTED NAME: <b>Michael Bollweg</b>	DATE: <b>1.7.22</b>
SIGNATURE: <i>Michael Bollweg</i>	CERT #: <b>5296</b>
PHONE #: <b>(541) 415-1117</b>	

<sup>1</sup> 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. <sup>2</sup> IFE = Individ. Filter Eff. (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:	Dec-21
--------------	------------------	---------------	-------------	--------

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1	1.45	1214	1760	11	7.9	26	YES	256
2	1.14	1223	1394	11	8.0	26	YES	255
3	1.13	1237	1398	11	7.8	24	YES	254
4	1.17	1196	1399	11	8.0	26	YES	255
5	0.96	1250	1200	10	8.1	28	YES	255
6	1.31	1196	1566	10	8.1	30	YES	255
7	1.17	1241	1452	10	8.0	28	YES	254
8	1.33	1255	1670	10	8.3	32	YES	253
9	1.39	1214	1688	9	8.4	36	YES	254
10	1.4	1264	1770	9	8.3	34	YES	254
11	1.29	1228	1584	9	8.4	35	YES	253
12	0.95	1227	1166	8	8.1	32	YES	255
13	0.94	1484	1395	8	8.4	36	YES	207
14	0.97	1381	1339	9	7.7	26	YES	210
15	1.54	1568	2415	8	7.6	29	YES	207
16	1.5	1507	2260	8	7.7	30	YES	207
17	1.33	1597	2124	9	7.6	26	YES	204
18	1.27	1330	1689	8	7.9	31	YES	231
19	1.35	1400	1890	9	7.6	26	YES	231
20	1.14	1303	1486	8	7.6	28	YES	234
21	0.9	1553	1398	9	7.9	28	YES	209
22	1.56	1579	2463	8	7.8	31	YES	207
23	1.24	1524	1889	9	7.9	29	YES	213
24	1.07	1420	1520	9	7.8	28	YES	209
25	1.2	1568	1881	8	7.6	28	YES	207
26	1.07	1494	1598	8	7.6	27	YES	208
27	1.4	1578	2209	7	7.7	32	YES	205
28	1.13	1520	1718	7	7.6	30	YES	212
29	1.19	1500	1785	7	7.6	30	YES	211
30	1.19	1560	1857	7	7.5	29	YES	208
31	0.92	1483	1365	7	7.7	30	YES	211

<sup>3</sup> If Cl<sub>2</sub> 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