OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Douglas

Month/Year: Apr-25

System Name: City of Glendale **ID#: 41 00323** **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	OFF	OFF	0.04	0.03	0.03	0.05	0.05
2	0.04	OFF	0.02	0.03	0.02	0.06	0.06
3	0.04	OFF	0.02	0.03	0.03	0.06	0.06
4	0.04	OFF	0.03	0.03	0.03	0.07	0.07
5	0.04	OFF	0.02	0.04	0.04	0.05	0.05
6	0.04	OFF	0.02	0.04	0.05	0.05	0.05
7	0.04	OFF	0.03	0.05	0.04	OFF	0.05
8	0.05	OFF	OFF	0.05	0.04	0.03	0.05
9	0.04	OFF	0.03	0.04	0.03	0.04	0.04
10	0.04	OFF	0.02	0.03	0.02	OFF	0.04
11	0.03	OFF	0.03	0.02	0.03	OFF	0.03
12	OFF	OFF	0.03	0.03	0.03	0.03	0.03
13	OFF	OFF	0.02	0.02	0.03	0.04	0.04
14	OFF	OFF	0.03	0.03	0.02	0.03	0.03
15	OFF	OFF	0.04	0.04	0.04	0.04	0.04
16	0.04	OFF	0.02	0.03	0.03	0.04	0.04
17	OFF	OFF	0.03	0.03	0.05	0.03	0.05
18	OFF	OFF	0.03	0.03	0.03	0.04	0.04
19	OFF	OFF	0.03	0.03	0.04	0.04	0.04
20	OFF	OFF	0.03	0.05	0.05	0.03	0.05
21	OFF	OFF	0.04	0.04	0.04	0.03	0.04
22	0.04	OFF	0.03	0.03	0.03	0.03	0.04
23	OFF	OFF	0.04	0.04	0.04	0.03	0.04
24	OFF	OFF	OFF	0.04	0.05	0.04	0.05
25	0.03	OFF	0.03	0.04	0.03	OFF	0.04
26	OFF	OFF	0.05	0.04	0.03	0.03	0.05
27	0.03	OFF	0.03	0.04	0.03	0.03	0.04
28	0.03	OFF	0.03	0.03	0.03	0.03	0.03
29	OFF	OFF	0.05	0.04	0.03	0.03	0.05
30	0.04	OFF	0.03	0.04	0.03	0.04	0.04
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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)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	(Yes) / No	(Yes) / No	(Yes) / No
All turbidity readings < IFE[2] triggers	(Yes) / No		

Notes:

PRINTED NAME: sean Negherbon

SIGNATURE: [signature] **DATE:** 5/4/25

PHONE #: (541) 863-1463 **CERT #:** 6111

[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 - :	A
Disinfection *Giardia* Log Inactive:	0.5

System Name: City of Glendale **ID#:** 41 00323 **Month/Year:** Apr-25

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 / 0844	0.62	1100	682.0	10.0	8.00	26.3	YES	212
2 / 0939	0.81	1100	891.0	10.0	7.90	25.9	YES	212
3 / 1537	0.89	1100	979.0	10.0	7.80	25.2	YES	211
4 / 0952	0.98	1100	1078.0	10.0	7.70	24.6	YES	210
5 / 1233	0.86	1100	946.0	11.0	7.60	21.9	YES	211
6 / 1122	1.03	1100	1133.0	11.0	7.60	22.4	YES	210
7 / 1539	0.77	1100	847.0	11.0	7.80	23.3	YES	210
8 / 1420	0.81	1100	891.0	11.0	8.00	25.1	YES	212
9 / 0912	0.81	1100	891.0	11.0	7.80	23.4	YES	210
10 / 0912	0.88	1100	968.0	12.0	7.90	22.9	YES	209
11 / 1602	0.88	1100	968.0	12.0	7.70	21.3	YES	208
12 / 1213	0.6	1100	660.0	12.0	7.80	21.4	YES	209
13 / 0909	0.87	1100	957.0	11.0	8.00	25.3	YES	209
14 / 1548	0.91	1100	1001.0	12.0	8.20	25.5	YES	209
15 / 0926	0.89	1100	979.0	12.0	8.00	23.7	YES	211
16 / 1543	0.95	1100	1045.0	13.0	7.80	20.8	YES	211
17 / 1540	0.81	1100	891.0	13.0	7.90	21.2	YES	212
18 / 1215	0.95	1100	1045.0	13.0	8.00	22.4	YES	210
19 / 1535	0.81	1100	891.0	13.0	7.80	20.5	YES	210
20 / 1559	0.82	1100	902.0	13.0	7.80	20.5	YES	209
21 / 0903	1.01	1100	1111.0	13.0	7.80	20.9	YES	209
22 / 1544	1.08	1100	1188.0	13.0	7.80	21.1	YES	212
23 / 0904	0.91	1100	1001.0	13.0	7.90	21.5	YES	212
24 / 1556	0.76	1100	836.0	13.0	8.00	21.9	YES	209
25 / 0859	0.97	1100	1067.0	13.0	7.70	20.1	YES	92
26 / 1555	0.83	1100	913.0	13.0	7.80	20.5	YES	95
27 / 1115	0.72	1100	792.0	12.0	7.70	20.9	YES	114
28 / 0910	0.96	1100	1056.0	13.0	8.00	22.4	YES	115
29 / 0949	0.83	1100	913.0	14.0	8.10	21.4	YES	111
30 / 1228	1.09	1100	1199.0	14.0	7.90	20.5	YES	108
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[3] If Cl_2 at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised November 2022

Return by 10th of following month by email, fax, or mail to:

dwp.dmce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350