OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Douglas

Month/Year: May-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	0.04	OFF	0.02	0.03	0.04	OFF	0.04
2	0.04	OFF	0.03	0.03	0.04	OFF	0.04
3	OFF	OFF	0.04	0.03	0.03	0.03	0.04
4	0.03	OFF	0.03	0.04	0.04	0.03	0.04
5	OFF	OFF	0.04	0.04	0.04	0.03	0.04
6	0.03	OFF	0.05	0.03	0.04	0.03	0.05
7	OFF	OFF	0.04	0.04	0.05	0.03	0.05
8	OFF	OFF	0.05	0.06	0.05	OFF	0.06
9	OFF	OFF	0.06	0.06	0.04	0.04	0.06
10	OFF	OFF	0.04	0.04	0.04	0.04	0.04
11	OFF	OFF	0.04	0.04	0.06	OFF	0.06
12	OFF	OFF	0.05	0.05	0.06	0.08	0.08
13	OFF	OFF	0.06	0.04	0.05	OFF	0.06
14	OFF	OFF	0.06	0.04	0.05	0.05	0.06
15	OFF	OFF	OFF	OFF	OFF	0.03	0.03
16	0.04	OFF	0.05	OFF	0.05	0.04	0.05
17	OFF	OFF	0.05	0.07	0.06	0.04	0.07
18	OFF	OFF	0.04	0.05	0.04	0.04	0.05
19	OFF	OFF	0.06	0.06	0.05	0.04	0.06
20	OFF	OFF	0.05	0.04	0.07	0.04	0.07
21	OFF	OFF	0.03	0.04	0.04	0.04	0.04
22	OFF	OFF	0.03	0.05	0.04	0.04	0.05
23	OFF	OFF	0.04	0.03	0.04	0.04	0.04
24	OFF	OFF	0.03	0.04	0.03	0.04	0.04
25	OFF	OFF	0.04	0.04	0.04	0.04	0.04
26	OFF	OFF	0.04	0.04	0.04	0.04	0.04
27	0.03	OFF	0.05	0.04	0.04	OFF	0.05
28	OFF	OFF	0.05	0.04	0.05	0.04	0.05
29	0.04	OFF	0.04	0.04	0.05	OFF	0.05
30	OFF	OFF	0.05	0.04	0.04	0.04	0.05
31	OFF	OFF	0.05	0.05	0.04	OFF	0.05

Conventional or Direct Filtration

95% of 4-hour turbidity readings ≤ 0.3 NTU? Yes / No

All 4-hour turbidity readings ≤ 1 NTU? Yes / No

All turbidity readings < IFE[2] triggers Yes / No

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) Yes / No

All Cl2 residual at entry point ≥ 0.2 mg/l? Yes / No

Notes:

PRINTED NAME: sean Negherbon

SIGNATURE: [signature] DATE: 6/4/25

PHONE #: (541) 863-1453 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:** May-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]
1/0902	0.77	884.4	681.0	14.0	7.90	19.8	YES	106
2/1609	0.82	808.2	662.7	14.0	7.70	18.5	YES	116
3/1240	0.79	1030.2	813.9	14.0	7.90	19.8	YES	91
4/1546	0.77	660.2	508.4	13.0	7.90	21.1	YES	142
5/0940	0.68	768.4	522.5	14.0	7.70	18.2	YES	122
6/0926	0.69	919.1	634.2	14.0	7.70	18.2	YES	102
7/0905	0.73	684.3	499.5	15.0	8.00	19.1	YES	137
8/0900	0.54	721.2	389.4	15.0	7.70	16.8	YES	130
9/0923	0.66	715.6	472.3	16.0	7.60	15.3	YES	131
10/1555	0.62	715.6	443.7	16.0	7.70	15.8	YES	131
11/1414	0.61	689.3	420.5	15.0	7.70	16.9	YES	136
12/0913	0.5	774.8	387.4	14.0	7.80	18.5	YES	121
13/0928	0.58	633.4	367.4	14.0	7.80	18.7	YES	148
14/0915	0.55	750.0	412.5	14.0	7.70	17.9	YES	125
15/0956	0.76	947.0	719.7	14.0	8.10	21.3	YES	99
16/1515	0.73	674.5	492.4	15.0	7.50	15.9	YES	139
17/1210	0.61	852.3	519.9	15.0	7.90	18.2	YES	110
18/1245	0.6	822.4	493.4	14.0	7.40	16.1	YES	114
19/0854	0.61	815.2	497.3	14.0	7.80	18.7	YES	115
20/0952	0.85	589.6	501.2	15.0	8.00	19.4	YES	159
21/0940	0.78	578.7	451.4	14.0	8.00	20.6	YES	162
22/0912	0.99	781.3	773.4	15.0	8.00	19.7	YES	120
23/1206	0.97	612.7	594.4	15.0	8.00	19.7	YES	153
24/1553	0.9	744.0	669.6	15.0	7.90	18.8	YES	126
25/0902	0.76	744.0	565.5	16.0	8.00	18.0	YES	126
26/1541	0.56	664.9	372.3	16.0	8.10	18.2	YES	141
27/1149	0.6	585.9	351.6	16.0	7.90	17.0	YES	160
28/0910	0.77	585.9	451.2	17.0	7.80	15.6	YES	160
29/1326	0.88	426.1	375.0	17.0	7.70	15.2	YES	220
30/0928	0.63	520.8	328.1	17.0	7.80	15.4	YES	180
31/1554	0.69	721.2	497.6	18.0	7.70	13.9	YES	130

[3] If Cl_2 at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

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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