OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Douglas

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

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

Notes:

PRINTED NAME: Marcus Brenden

SIGNATURE: Marcus Brenden **DATE:** 8/4/2025

PHONE #: (541) 237-4322 **CERT #: 39085**

[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
System Name:	City of Glendale	ID#: 41 00323	Month/Year: Jul-25	Disinfection *Giardia* Log Inactive:	0.5

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]
1/0913	0.63	660.2	415.9	21.0	7.70	11.3	YES	142
2/1223	0.9	637.8	574.0	20.0	7.70	12.5	YES	147
3/1555	0.78	726.7	566.9	20.0	7.60	11.9	YES	129
4/1210	0.7	738.2	516.7	19.0	7.60	12.6	YES	127
5/1016	0.9	597.1	537.4	19.0	7.80	13.9	YES	157
6/0917	0.74	620.9	459.4	19.0	7.80	13.6	YES	151
7/0920	0.53	738.2	391.2	19.0	7.70	12.8	YES	127
8/0930	0.72	679.3	489.1	21.0	7.80	11.9	YES	138
9/1155	0.57	585.9	334.0	21.0	8.00	12.6	YES	160
10/1554	0.86	597.1	513.5	21.0	7.80	12.1	YES	157
11/1050	0.88	669.6	589.3	21.0	7.60	11.2	YES	140
12/0941	0.75	554.7	416.1	21.0	7.70	11.5	YES	169
13/1243	0.65	669.6	435.3	21.0	7.70	11.4	YES	140
14/1155	0.55	575.2	316.3	22.0	7.70	10.5	YES	163
15/0912	0.4	568.2	227.3	21.0	7.80	11.5	YES	165
16/0920	0.56	529.7	296.6	22.0	7.90	11.3	YES	177
17/1147	0.78	625.0	487.5	21.0	7.80	12.0	YES	150
18/0916	0.7	426.1	298.3	21.0	7.90	12.3	YES	220
19/0939	0.68	578.7	393.5	21.0	7.90	12.3	YES	162
20/0905	0.6	582.3	349.4	21.0	7.90	12.2	YES	161
21/0733	0.68	801.3	544.9	20.0	7.80	12.6	YES	117
22/1238	0.48	612.7	294.1	20.0	7.90	12.8	YES	153
23/0927	0.8	642.1	513.7	20.0	7.90	13.3	YES	146
24/0937	0.75	496.0	372.0	21.0	7.80	11.9	YES	189
25/0854	0.7	616.8	431.7	20.0	7.80	12.7	YES	152
26/0945	0.65	571.6	371.6	21.0	8.00	12.7	YES	164
27/0808	0.7	633.4	443.4	20.0	7.90	13.2	YES	148
28/0907	0.56	768.4	430.3	20.0	7.90	12.9	YES	122
29/0928	0.76	589.6	448.1	20.0	7.70	12.3	YES	159
30/1239	0.88	726.7	639.5	21.0	8.00	13.0	YES	129
31/0937	0.9	620.9	558.8	21.0	7.90	12.6	YES	151

[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