OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Douglas

Month/Year: Oct-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	0.06	0.04	OFF	0.06
2	OFF	OFF	0.05	0.05	0.06	OFF	0.06
3	OFF	OFF	0.05	0.05	0.06	OFF	0.06
4	OFF	OFF	0.05	0.05	0.06	OFF	0.06
5	OFF	OFF	0.04	0.05	0.04	OFF	0.05
6	OFF	OFF	0.06	0.05	0.03	OFF	0.06
7	OFF	OFF	0.05	0.03	0.03	OFF	0.05
8	OFF	OFF	0.04	0.04	0.04	0.04	0.04
9	OFF	OFF	0.05	0.04	0.04	OFF	0.05
10	OFF	OFF	0.06	0.05	0.05	OFF	0.06
11	OFF	OFF	0.05	0.05	0.05	OFF	0.05
12	OFF	OFF	0.05	0.05	0.06	0.04	0.06
13	OFF	OFF	0.06	0.05	OFF	OFF	0.06
14	OFF	OFF	0.06	0.06	0.06	0.04	0.06
15	OFF	OFF	0.05	0.05	0.05	OFF	0.05
16	OFF	OFF	0.07	0.05	0.06	0.04	0.07
17	OFF	OFF	0.05	0.06	0.05	OFF	0.06
18	OFF	OFF	0.06	0.05	0.06	OFF	0.06
19	OFF	OFF	0.05	0.06	0.06	OFF	0.06
20	OFF	OFF	0.06	0.05	0.07	OFF	0.07
21	OFF	OFF	0.04	0.04	0.03	OFF	0.04
22	OFF	OFF	0.04	0.04	0.05	OFF	0.05
23	OFF	OFF	0.04	0.05	0.04	OFF	0.05
24	OFF	OFF	0.04	0.04	0.06	OFF	0.06
25	OFF	OFF	0.04	0.05	0.05	OFF	0.05
26	OFF	OFF	0.05	0.04	0.06	OFF	0..06
27	OFF	OFF	0.06	0.07	0.06	OFF	0.07
28	OFF	OFF	OFF	0.04	0.05	0.05	0.05
29	OFF	OFF	0.04	0.04	0.05	OFF	0.05
30	OFF	OFF	0.06	0.06	0.05	OFF	0.06
31	OFF	OFF	0.05	0.04	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)	All Cl2 residual at entry point ≥ 0.2 mg/l?
Yes / No	**Yes / No**

Notes:

PRINTED NAME: Marcus Brenden

SIGNATURE: Marcus Brenden **DATE:** 11/2/25

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
Disinfection *Giardia* Log Inactive:	0.5

System Name: City of Glendale **ID#:** 41 00323 **Month/Year:** Oct-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]
1/0941	0.88	52.0	45.8	17.0	8.00	17.0	YES	110
2/0921	0.94	52.0	48.9	16.0	8.00	18.3	YES	143
3/0925	0.8	52.0	41.6	16.0	8.00	18.0	YES	110
4/1207	0.84	52.0	43.7	16.0	7.90	17.5	YES	106
5/0914	0.83	52.0	43.2	16.0	7.90	17.4	YES	138
6/1605	0.84	52.0	43.7	16.0	7.80	16.8	YES	104
7/0900	0.82	52.0	42.6	16.0	7.90	17.4	YES	160
8/0907	0.75	52.0	39.0	15.0	7.90	18.5	YES	127
9/0855	1.08	52.0	56.2	15.0	7.90	19.2	YES	122
10/1000	0.81	52.0	42.1	15.0	7.90	18.6	YES	122
11/1010	0.91	52.0	47.3	15.0	7.90	18.8	YES	122
12/0905	0.83	52.0	43.2	14.0	7.80	19.2	YES	99
13/0922	0.81	52.0	42.1	15.0	7.90	18.6	YES	106
14/0901	0.81	52.0	42.1	14.0	7.80	19.2	YES	153
15/0921	0.82	52.0	42.6	14.0	7.80	19.2	YES	129
16/0916	0.7	52.0	36.4	14.0	7.90	19.6	YES	124
17/0944	0.79	52.0	41.1	15.0	7.90	18.6	YES	160
18/1540	0.8	52.0	41.6	14.0	7.90	19.9	YES	119
19/0907	0.91	52.0	47.3	14.0	7.90	20.1	YES	102
20/1543	0.94	52.0	48.9	14.0	7.80	19.4	YES	131
21/0930	0.69	52.0	35.9	14.0	7.80	18.9	YES	113
22/0926	0.65	52.0	33.8	14.0	7.80	18.8	YES	93
23/0928	0.89	52.0	46.3	14.0	7.80	19.3	YES	122
24/1002	0.62	52.0	32.2	14.0	7.80	18.7	YES	115
25/1530	0.86	52.0	44.7	14.0	7.70	18.6	YES	112
26/0914	0.64	52.0	33.3	13.0	7.70	19.4	YES	125
27/0900	0.69	52.0	35.9	13.0	7.80	20.2	YES	104
28/1130	0.91	52.0	47.3	13.0	7.90	21.5	YES	112
29/0914	0.7	52.0	36.4	14.0	7.80	18.9	YES	175
30/0859	0.88	52.0	45.8	14.0	7.80	19.3	YES	101
31/0938	0.84	52.0	43.7	14.0	7.80	19.2	YES	117

[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