OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Douglas

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

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: Marcus Brenden

SIGNATURE: Marcus Brenden **DATE:** 12/8/25

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:** Nov-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]
1/0946	0.68	52.0	35.4	14.0	7.90	19.6	YES	114
2/1555	0.7	52.0	36.4	13.0	7.80	20.2	YES	128
3/0908	0.71	52.0	36.9	13.0	7.80	20.2	YES	129
4/1650	1.07	52.0	55.6	14.0	8.30	23.7	YES	139
5/0927	0.92	52.0	47.8	14.0	7.70	18.7	YES	98
6/0900	1.25	52.0	65.0	14.0	7.70	19.4	YES	127
7/1220	0.81	52.0	42.1	14.0	7.70	18.5	YES	114
8/0937	0.87	52.0	45.2	14.0	7.70	18.6	YES	101
9/0915	0.86	52.0	44.7	13.0	7.70	19.8	YES	94
10/0917	0.9	52.0	46.8	14.0	7.70	18.7	YES	104
11/1142	0.98	52.0	51.0	14.0	7.80	19.5	YES	110
12/0854	0.87	52.0	45.2	13.0	7.80	20.6	YES	146
13/1155	1.07	52.0	55.6	14.0	7.90	20.5	YES	105
14/0905	0.78	52.0	40.6	14.0	7.90	19.8	YES	144
15/0947	0.76	52.0	39.5	14.0	7.90	19.8	YES	113
16/0913	0.81	52.0	42.1	13.0	7.90	21.2	YES	94
17/0914	0.71	52.0	36.9	13.0	7.90	21.0	YES	98
18/0847	0.84	52.0	43.7	13.0	8.00	22.1	YES	122
19/0850	1	52.0	52.0	12.0	8.00	24.0	YES	90
20/0917	0.82	52.0	42.6	12.0	8.00	23.5	YES	109
21/0922	1.02	52.0	53.0	12.0	8.10	24.9	YES	99
22/0947	0.92	52.0	47.8	11.0	8.00	25.4	YES	108
23/0919	1.15	52.0	59.8	10.0	8.00	27.9	YES	109
24/0919	1.37	52.0	71.2	11.0	7.90	25.9	YES	88
25/1555	0.81	52.0	42.1	12.0	8.00	23.5	YES	108
26/1227	0.82	52.0	42.6	12.0	8.00	23.5	YES	123
27/0919	0.81	52.0	42.1	11.0	8.00	25.1	YES	101
28/1543	0.94	52.0	48.9	11.0	8.00	25.5	YES	109
29/0943	0.92	52.0	47.8	11.0	7.90	24.6	YES	98
30/0916	1.1	52.0	57.2	10.0	7.90	26.8	YES	105
		52.0						

[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