

OHA - Drinking Water Services -Turbidity Monitoring Report Form
Conventional or Direct Filtration

County: **Douglas**
 Month/Year: **Dec-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	0.06	0.05	OFF	0.06	
2	OFF	OFF	0.04	0.04	0.05	OFF	0.05	
3	OFF	OFF	0.04	0.06	0.06	OFF	0.06	
4	OFF	OFF	0.05	0.05	0.04	OFF	0.05	
5	OFF	OFF	0.04	0.04	0.04	OFF	0.04	
6	OFF	OFF	0.04	0.04	0.05	OFF	0.05	
7	OFF	OFF	0.05	0.04	0.05	OFF	0.05	
8	OFF	OFF	0.03	0.05	0.04	OFF	0.05	
9	OFF	OFF	OFF	0.04	0.04	0.03	0.04	
10	OFF	OFF	0.03	0.03	0.03	OFF	0.03	
11	OFF	OFF	0.04	0.04	0.04	0.03	0.04	
12	OFF	OFF	0.04	0.03	0.03	OFF	0.04	
13	OFF	OFF	0.05	0.04	0.05	OFF	0.05	
14	OFF	OFF	0.04	0.04	0.03	OFF	0.04	
15	OFF	OFF	0.04	0.05	0.04	OFF	0.05	
16	OFF	OFF	0.05	0.03	0.06	OFF	0.06	
17	OFF	OFF	0.03	0.03	0.05	OFF	0.05	
18	OFF	OFF	0.03	0.06	0.05	OFF	0.06	
19	OFF	OFF	0.07	0.05	0.04	0.03	0.07	
20	OFF	OFF	OFF	0.04	0.17	0.08	0.17	
21	0.06	OFF	0.05	0.07	0.04	OFF	0.07	
22	OFF	OFF	0.07	0.08	0.11	0.10	0.11	
23	0.06	OFF	0.05	0.08	0.05	OFF	0.08	
24	OFF	OFF	0.05	0.06	0.06	0.03	0.06	
25	0.04	OFF	0.05	0.07	0.05	OFF	0.07	
26	OFF	OFF	0.05	0.06	0.06	0.03	0.06	
27	OFF	OFF	0.05	0.07	0.06	0.03	0.07	
28	OFF	OFF	0.05	0.07	0.09	0.03	0.09	
29	0.04	OFF	0.08	0.06	0.08	0.03	0.08	
30	OFF	OFF	0.05	0.05	0.05	OFF	0.05	
31	OFF	OFF	0.05	0.05	0.04	0.03	0.05	

Conventional or Direct Filtration			Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No		CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No		<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
All turbidity readings < IFE ² triggers	<input checked="" type="radio"/> Yes / <input type="radio"/> No			
Notes:			PRINTED NAME: Marcus Brenden SIGNATURE: <i>Marcus Brenden</i> DATE: 1/4/26 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 Eff. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :	A
Disinfection <i>Giardia</i> Log Inactive:	0.5

System Name: City of Glendale ID#: 41 00323 Month/Year: Dec-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]
1/0905	0.89	52.0	46.3	11.0	7.90	24.5	YES	110
2/1646	1.03	52.0	53.6	11.0	7.90	24.9	YES	102
3/0905	0.97	52.0	50.4	10.0	7.90	26.4	YES	117
4/0859	0.99	52.0	51.5	10.0	8.00	27.4	YES	106
5/0942	1.07	52.0	55.6	11.0	7.90	25.0	YES	107
6/0938	1.04	52.0	54.1	12.0	7.90	23.3	YES	120
7/1310	1.13	52.0	58.8	11.0	7.90	25.2	YES	114
8/0859	0.95	52.0	49.4	11.0	7.90	24.6	YES	114
9/1558	1.04	52.0	54.1	12.0	8.10	25.0	YES	107
10/1555	1.24	52.0	64.5	13.0	7.90	22.3	YES	122
11/0808	1	52.0	52.0	11.0	7.90	24.8	YES	110
12/1549	1.14	52.0	59.3	11.0	8.00	26.1	YES	109
13/0926	0.96	52.0	49.9	11.0	8.00	25.6	YES	109
14/1539	1.06	52.0	55.1	9.0	7.90	28.5	YES	99
15/0910	0.87	52.0	45.2	10.0	7.90	26.1	YES	104
16/1155	1	52.0	52.0	10.0	7.80	25.6	YES	126
17/0846	0.98	52.0	51.0	11.0	7.90	24.7	YES	102
18/1534	1.12	52.0	58.2	11.0	7.80	24.2	YES	127
19/0927	0.92	52.0	47.8	11.0	7.70	22.9	YES	106
20/1200	1.32	52.0	68.6	10.0	7.60	24.7	YES	116
21/0935	0.95	52.0	49.4	10.0	7.80	25.4	YES	109
22/0915	0.84	52.0	43.7	9.0	7.80	26.8	YES	117
23/0916	0.96	52.0	49.9	10.0	7.70	24.6	YES	126
24/0915	0.98	52.0	51.0	9.0	7.80	27.3	YES	110
25/0953	1.23	52.0	64.0	10.0	7.70	25.3	YES	119
26/0928	0.86	52.0	44.7	9.0	7.80	26.9	YES	105
27/1605	0.94	52.0	48.9	9.0	7.80	27.2	YES	117
28/0928	0.92	52.0	47.8	9.0	7.80	27.1	YES	122
29/1549	1.26	52.0	65.5	8.0	7.80	30.1	YES	106
30/0935	1.1	52.0	57.2	9.0	7.70	26.7	YES	92
31/1146	0.95	52.0	49.4	8.0	7.80	29.1	YES	101

³ If Cl₂ 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.dmca@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350