

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Douglas**  
 Month/Year: **Jan-26**

Conventional or Direct Filtration

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 <sup>1</sup> [NTU]	
1	OFF	OFF	0.05	0.05	0.07	0.03	0.07	
2	OFF	OFF	0.03	0.06	0.04	0.05	0.06	
3	OFF	OFF	0.04	0.04	0.03	0.04	0.04	
4	OFF	OFF	0.03	0.04	0.04	0.04	0.04	
5	OFF	OFF	0.04	0.04	0.03	0.03	0.04	
6	OFF	OFF	0.04	0.05	0.04	0.03	0.05	
7	OFF	OFF	OFF	0.03	0.04	0.04	0.04	
8	0.03	OFF	0.05	0.03	0.04	OFF	0.05	
9	OFF	OFF	0.05	0.06	0.04	0.04	0.06	
10	0.04	OFF	0.06	0.06	0.06	OFF	0.06	
11	OFF	OFF	0.04	0.04	0.05	0.04	0.05	
12	OFF	OFF	0.04	0.05	0.05	0.03	0.05	
13	OFF	OFF	0.06	0.05	0.06	OFF	0.06	
14	OFF	OFF	0.05	0.05	0.05	0.04	0.05	
15	OFF	OFF	0.06	0.07	0.06	OFF	0.07	
16	OFF	OFF	0.05	0.06	0.06	0.03	0.06	
17	OFF	OFF	0.05	0.05	0.06	0.03	0.06	
18	OFF	OFF	0.05	0.04	0.04	0.03	0.05	
19	OFF	OFF	0.04	0.03	0.04	0.03	0.04	
20	OFF	OFF	0.04	0.04	0.05	0.03	0.05	
21	OFF	OFF	0.03	0.04	0.04	0.03	0.04	
22	OFF	OFF	OFF	0.06	0.05	0.04	0.06	
23	OFF	OFF	OFF	0.05	0.06	0.04	0.06	
24	OFF	OFF	0.04	0.04	0.05	OFF	0.05	
25	OFF	OFF	0.04	0.04	0.04	0.03	0.04	
26	OFF	OFF	0.04	0.06	0.04	OFF	0.06	
27	OFF	OFF	0.03	0.05	0.03	0.03	0.05	
28	0.03	OFF	0.03	0.03	0.04	OFF	0.04	
29	OFF	OFF	0.04	0.05	0.04	0.03	0.05	
30	0.03	OFF	0.03	0.05	0.05	OFF	0.05	
31	OFF	OFF	0.05	0.05	0.05	0.03	0.05	

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <i>Yes / No</i>	CT's met everyday? (see back) <i>Yes / No</i>	All Cl2 residual at entry point ≥ 0.2 mg/l? <i>Yes / No</i>
All 4-hour turbidity readings ≤ 1 NTU? <i>Yes / No</i>		
All turbidity readings < IFE <sup>2</sup> triggers <i>Yes / No</i>		

Notes:

PRINTED NAME: Marcus Brenden

SIGNATURE: *Marcus Brenden* DATE: 2/8/26

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

<sup>1</sup> 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. <sup>2</sup> IFE = Individ. Filter Eff. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: City of Glendale				ID#: 41 00323	Month/Year: Jan-26	WTP - : A	Disinfection <i>Giardia</i> Log Inactive: 0.5
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1/0905	0.99	52.0	51.5	9.0	7.80	27.3	YES	105
2/1555	1.21	52.0	62.9	10.0	7.80	26.2	YES	105
3/0943	1.11	52.0	57.7	10.0	7.80	25.9	YES	119
4/1229	1.19	52.0	61.9	10.0	7.80	26.1	YES	121
5/0853	0.94	52.0	48.9	9.0	7.70	26.2	YES	104
6/1154	0.94	52.0	48.9	9.0	7.70	26.2	YES	101
7/1107	0.98	52.0	51.0	9.0	7.70	26.3	YES	98
8/1209	1	52.0	52.0	9.0	7.70	26.4	YES	92
9/1555	1.06	52.0	55.1	9.0	7.80	27.5	YES	104
10/0952	1.07	52.0	55.6	8.0	7.70	28.4	YES	99
11/0936	1.18	52.0	61.4	8.0	7.80	29.9	YES	130
12/0851	1.03	52.0	53.6	8.0	7.70	28.3	YES	124
13/1202	1.12	52.0	58.2	8.0	7.70	28.6	YES	103
14/0935	0.9	52.0	46.8	8.0	7.80	28.9	YES	101
15/0930	1.15	52.0	59.8	8.0	7.70	28.7	YES	93
16/0940	0.85	52.0	44.2	8.0	7.80	28.7	YES	116
17/1554	0.9	52.0	46.8	8.0	7.80	28.9	YES	109
18/0912	0.87	52.0	45.2	8.0	7.90	29.9	YES	94
19/0925	0.88	52.0	45.8	8.0	7.80	28.8	YES	93
20/0918	1.02	52.0	53.0	8.0	7.80	29.3	YES	133
21/0922	0.88	52.0	45.8	8.0	7.90	29.9	YES	130
22/1545	1.19	52.0	61.9	8.0	7.90	31.0	YES	111
23/1552	1	52.0	52.0	8.0	7.80	29.3	YES	117
24/1217	1.17	52.0	60.8	8.0	7.70	28.8	YES	110
25/0905	0.77	52.0	40.0	8.0	7.90	29.5	YES	93
26/1230	1.01	52.0	52.5	7.0	7.80	31.3	YES	94
27/0925	1.07	52.0	55.6	7.0	7.80	31.6	YES	113
28/1542	1.03	52.0	53.6	8.0	7.70	28.3	YES	96
29/1545	1.12	52.0	58.2	9.0	7.80	27.7	YES	126
30/0922	1.04	52.0	54.1	9.0	7.70	26.5	YES	98
31/1201	1.1	52.0	57.2	9.0	7.60	25.7	YES	114

<sup>3</sup> If Cl<sub>2</sub> 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