

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Douglas**
 Month/Year: **Feb-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 ¹ [NTU]	
1	0.03	OFF	0.05	0.05	0.06	OFF	0.06	
2	OFF	OFF	0.05	0.06	0.05	0.04	0.06	
3	0.03	OFF	0.05	0.04	0.05	OFF	0.05	
4	OFF	OFF	0.03	0.03	0.04	0.03	0.04	
5	OFF	OFF	OFF	0.03	0.04	0.03	0.04	
6	OFF	OFF	0.03	0.04	0.04	OFF	0.04	
7	0.03	OFF	0.04	0.04	0.05	0.03	0.05	
8	OFF	OFF	0.04	0.04	0.04	0.03	0.04	
9	OFF	OFF	0.05	0.06	0.06	0.04	0.06	
10	OFF	OFF	0.04	0.05	0.04	0.03	0.05	
11	OFF	OFF	0.07	0.03	0.04	0.03	0.07	
12	OFF	OFF	0.04	0.03	0.04	0.03	0.04	
13	OFF	OFF	0.04	0.05	0.04	0.03	0.05	
14	OFF	OFF	0.04	0.04	0.04	0.03	0.04	
15	OFF	OFF	0.03	0.03	0.04	0.03	0.04	
16	OFF	OFF	0.03	0.04	0.04	0.03	0.04	
17	OFF	OFF	0.03	0.04	0.05	0.03	0.05	
18	0.03	OFF	0.04	0.05	0.04	OFF	0.05	
19	0.03	OFF	0.04	0.03	0.05	OFF	0.05	
20	OFF	OFF	0.03	0.05	0.03	0.03	0.05	
21	0.03	OFF	0.03	0.03	0.06	0.03	0.06	
22	OFF	OFF	0.03	0.03	0.03	0.03	0.03	
23	OFF	OFF	0.04	0.04	0.04	OFF	0.04	
24	OFF	OFF	0.03	0.06	OFF	OFF	0.06	
25	OFF	OFF	OFF	OFF	0.04	0.03	0.04	
26	0.09	0.04	0.06	0.07	0.07	0.03	0.09	
27	0.19	0.07	0.04	0.04	0.04	OFF	0.19	
28	OFF	OFF	0.06	0.03	0.04	0.04	0.06	
29								
30								
31								

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <i>Yes</i> / No	CT's met everyday? (see back) Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? Yes / No
All 4-hour turbidity readings ≤ 1 NTU? <i>Yes</i> / No		
All turbidity readings < IFE ² triggers <i>Yes</i> / No		
Notes:	PRINTED NAME: Marcus Brenden	
	SIGNATURE: <i>Marcus Brenden</i>	DATE: 3/3/26
	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 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: Feb-26

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]		fórmula	Yes / No	[GPM]
1/0925	0.9	52.0	46.8	10.0	7.70	24.4	YES	121
2/110	1.1	52.0	57.2	10.0	7.90	26.8	YES	91
3/1542	1.12	52.0	58.2	9.0	7.70	26.7	YES	90
4/1525	0.96	52.0	49.9	9.0	7.80	27.2	YES	103
5/1550	1.07	52.0	55.6	9.0	7.70	26.6	YES	116
6/1545	0.82	52.0	42.6	9.0	7.80	26.8	YES	85
7/1004	1.07	52.0	55.6	9.0	7.90	28.6	YES	99
8/0930	0.65	52.0	33.8	9.0	7.70	25.3	YES	95
9/1204	0.86	52.0	44.7	9.0	7.60	25.0	YES	117
10/0921	0.76	52.0	39.5	9.0	7.60	24.8	YES	127
11/1148	0.74	52.0	38.5	9.0	7.90	27.5	YES	124
12/0920	0.87	52.0	45.2	9.0	7.80	26.9	YES	148
13/1151	1.03	52.0	53.6	10.0	7.80	25.7	YES	140
14/0954	0.93	52.0	48.4	10.0	7.90	26.3	YES	116
15/1236	0.94	52.0	48.9	10.0	7.80	25.4	YES	111
16/0915	0.72	52.0	37.4	10.0	7.80	24.8	YES	111
17/0915	0.99	52.0	51.5	9.0	7.80	27.3	YES	124
18/1143	0.94	52.0	48.9	8.0	7.60	27.0	YES	105
19/1550	0.95	52.0	49.4	8.0	7.90	30.2	YES	116
20/0922	0.94	52.0	48.9	8.0	7.90	30.1	YES	117
21/1008	1.01	52.0	52.5	9.0	7.90	28.4	YES	131
22/0923	1.01	52.0	52.5	9.0	7.90	28.4	YES	85
23/1218	1.05	52.0	54.6	10.0	7.70	24.8	YES	108
24/0856	0.98	52.0	51.0	10.0	7.70	24.6	YES	116
25/1531	0.83	52.0	43.2	11.0	7.70	22.6	YES	85
26/1212	0.93	52.0	48.4	10.0	7.50	22.8	YES	104
27/1203	1.05	52.0	54.6	10.0	7.70	24.8	YES	114
28/0955	0.94	52.0	48.9	10.0	7.70	24.5	YES	112

³ If Cl₂ 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