

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

County: **Douglas**
 Month/Year: **May-22**

System Name: **City of Glendale** ID#**4100323** 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	0.03	0.02	0.03	0.04	0.04
2	0.05	off	off	0.06	0.03	0.03	0.06
3	off	off	0.04	0.04	0.05	off	0.05
4	off	off	0.03	0.06	0.04	0.03	0.06
5	0.03	off	0.03	0.03	off	off	0.03
6	0.03	off	0.04	0.03	off	off	0.04
7	0.03	0.03	0.05	0.03	off	off	0.05
8	0.03	0.03	0.03	0.03	off	off	0.03
9	0.05	0.03	0.02	0.04	0.04	0.03	0.05
10	0.04	off	0.04	0.04	0.04	off	0.04
11	off	off	0.04	0.05	0.05	0.04	0.05
12	off	off	0.04	0.04	0.05	off	0.05
13	off	off	0.04	0.04	0.04	0.03	0.04
14	off	off	0.03	0.03	0.04	0.03	0.04
15	off	off	0.04	0.05	0.04	0.03	0.05
16	off	off	0.04	0.04	0.04	off	0.04
17	off	off	0.04	0.04	0.05	0.03	0.05
18	0.03	off	0.05	0.05	off	off	0.05
19	off	off	0.04	0.04	0.04	0.03	0.04
20	0.03	off	0.04	0.04	off	0.03	0.04
21	0.03	off	0.03	0.04	0.04	off	0.04
22	off	off	0.03	0.04	0.04	0.03	0.04
23	0.03	off	0.05	0.03	0.03	off	0.05
24	off	off	0.04	0.04	0.03	0.03	0.04
25	0.03	0.03	0.03	0.04	0.04	off	0.04
26	0.03	off	0.04	0.04	0.04	off	0.04
27	off	off	off	0.04	0.04	0.03	0.04
28	0.03	0.03	off	0.03	0.04	off	0.04
29	off	off	0.03	0.04	0.03	0.03	0.04
30	0.03	off	0.03	0.03	0.04	off	0.04
31	off	off	0.04	0.04	0.04	0.03	0.04

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) Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l? Yes / No
All 4-hour turbidity readings ≤ 1 NTU? Yes / No		
All turbidity readings < IFE ² triggers Yes / No		

Notes:

PRINTED NAME: **SEAN NEHERSON**
 SIGNATURE: *[Signature]* DATE: **6/5/22**
 PHONE #: **(541) 863 1453** CERT #: **611**

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)(e)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - : A

System Name:	City of Glendale	ID#4100323	Month/Year:	May-22	Disinfection Giardia Log Inactiv:	0.5
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Date	Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No
1	12:01	1.03	1100	1133.0	11.0	7.80	24.0	YES
2	12:28	0.98	1100	1078.0	12.00	7.70	21.6	YES
3	9:45	0.93	1100	1023.0	12.00	8.00	23.8	YES
4	11:55	0.78	1100	858.0	12.00	8.00	23.4	YES
5	11:53	1.25	1100	1375.0	1.0	7.90	50.6	YES
6	11:52	1.19	1100	1309.0	13.0	8.00	23.0	YES
7	10:17	1.14	1100	1254.0	12.0	7.90	23.6	YES
8	9:26	1.14	1100	1254.0	11.0	8.20	28.0	YES
9	11:41	1.29	1100	1419.0	10.0	8.20	30.5	YES
10	10:07	1.19	1100	1309.0	10.0	8.00	28.1	YES
11	9:07	1.28	1100	1408.0	11.0	8.00	26.5	YES
12	15:32	1.08	1100	1188.0	11.0	8.10	26.9	YES
13	12:00	1.08	1100	1188.0	11.0	8.00	25.9	YES
14	12:20	1.03	1100	1133.0	12.0	8.00	24.1	YES
15	11:43	1.11	1100	1221.0	13.0	8.20	24.5	YES
16	15:49	1.07	1100	1177.0	14.0	8.00	21.2	YES
17	9:17	1.16	1100	1276.0	13.0	7.90	22.1	YES
18	11:48	1.16	1100	1276.0	14.0	7.60	18.5	YES
19	9:28	0.95	1100	1045.0	13.0	7.70	20.0	YES
20	12:08	0.88	1100	968.0	13.00	7.50	18.5	YES
21	12:00	1.05	1100	1155.0	13.00	7.60	19.5	YES
22	15:02	0.77	1100	847.0	13.00	8.00	21.9	YES
23	12:05	1.05	1100	1155.0	14.0	7.80	19.7	YES
24	9:15	0.70	1100	770.0	15.0	7.50	15.8	YES
25	11:52	0.87	1100	957.0	15.0	7.50	16.2	YES
26	15:40	1.12	1100	1232.0	15.0	7.50	16.6	YES
27	11:49	1.05	1100	1155.0	15.0	7.70	17.8	YES
28	15:45	1.17	1100	1287.0	14.0	8.00	21.5	YES
29	9:35	1.11	1100	1221.0	13.0	8.30	25.4	YES
30	15:19	0.81	1100	891.0	13.0	8.20	23.7	YES
31	9:31	1.08	1100	1188.0	13.0	8.20	24.4	YES

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, DWP to be notified by end of next business day.

Revised February 2012