

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: **Douglas**

Conventional or Direct Filtration

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

Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

95% of 4-hour turbidity readings ≤ 0.3 NTU? Yes / No
 All 4-hour turbidity readings ≤ 1 NTU? Yes / No
 All turbidity readings < IFE² triggers Yes / No

CT's met everyday? (see back) Yes / No

All Cl₂ residual at entry point ≥ 0.2 mg/l? Yes / No

Notes:

PRINTED NAME: **SEAN NECHERBON**

SIGNATURE: *[Signature]*

DATE: **10/3/22**

PHONE #: **(541) 863 01453**

CERT #: **0111**

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)(e)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - : A

System Name:	City of Glendale	ID#: 4100323	Month/Year:	Sep-22	Disinfection Giardia Log Inactiv:	0.5
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Date	Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³
		[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No
1	9:20	1.01	1100	1111.0	19.00	7.90	14.6	YES
2	9:20	1.04	1100	1144.0	19.00	7.80	14.1	YES
3	15:58	0.86	1100	946.0	19.00	7.90	14.3	YES
4	9:27	0.97	1100	1067.0	19.00	7.90	14.5	YES
5	9:23	1.24	1100	1364.0	18.0	7.90	16.0	YES
6	12:00	0.60	1100	660.0	19.0	8.10	15.0	YES
7	9:25	1.16	1100	1276.0	19.0	7.90	14.8	YES
8	11:43	1.23	1100	1353.0	18.0	7.90	16.0	YES
9	10:22	1.03	1100	1133.0	17.0	8.00	17.3	YES
10	8:58	1.03	1100	1133.0	17.0	7.90	16.7	YES
11	15:48	1.16	1100	1276.0	18.0	7.90	15.9	YES
12	9:00	1.08	1100	1188.0	18.0	8.00	16.3	YES
13	10:02	0.64	1100	704.0	18.0	8.00	15.5	YES
14	12:13	0.78	1100	858.0	18.0	8.10	16.3	YES
15	11:40	0.83	1100	913.0	17.0	8.00	16.9	YES
16	11:48	1.02	1100	1122.0	17.0	8.00	17.3	YES
17	8:43	0.90	1100	990.0	17.0	8.00	17.1	YES
18	15:44	0.99	1100	1089.0	16.0	8.10	19.1	YES
19	9:02	0.96	1100	1056.0	16.0	8.20	19.8	YES
20	9:22	1.11	1100	1221.0	17.00	8.00	17.5	YES
21	8:47	1.02	1100	1122.0	17.00	8.00	17.3	YES
22	9:10	0.91	1100	1001.0	17.00	8.00	17.1	YES
23	9:31	1.15	1100	1265.0	17.0	7.70	15.7	YES
24	9:16	0.91	1100	1001.0	17.0	8.00	17.1	YES
25	9:37	1.01	1100	1111.0	17.0	8.00	17.3	YES
26	8:34	0.97	1100	1067.0	17.0	8.00	17.2	YES
27	8:53	0.94	1100	1034.0	18.0	7.90	15.5	YES
28	9:32	0.67	1100	737.0	17.0	7.90	16.0	YES
29	9:20	0.84	1100	924.0	17.0	7.90	16.3	YES
30	9:25	0.88	1100	968.0	17.0	7.90	16.4	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