

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: **Douglas**

Conventional or Direct Filtration

Month/Year: **Dec-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	0.05	0.04	0.03	0.04	off	0.05	0.05
2	0.04	0.04	0.04	0.05	0.04	off	0.05
3	off	off	0.03	0.03	0.04	0.04	0.04
4	0.04	off	0.03	0.05	0.02	off	0.05
5	off	off	0.03	0.03	0.03	0.04	0.04
6	0.03	off	0.04	0.02	0.03	off	0.04
7	off	off	0.04	0.03	0.04	0.04	0.04
8	0.04	0.04	0.02	0.05	off	off	0.05
9	0.04	0.04	0.03	0.03	0.03	off	0.04
10	0.04	off	0.04	0.04	0.04	off	0.04
11	off	off	off	0.04	0.09	0.07	0.09
12	0.08	0.05	0.06	0.03	0.05	off	0.08
13	off	off	0.06	0.05	0.03	0.04	0.06
14	0.04	0.04	0.04	off	0.04	0.04	0.04
15	off	off	0.03	0.03	0.03	0.04	0.04
16	0.04	off	0.02	0.03	0.04	0.04	0.04
17	off	off	0.04	0.04	0.03	0.06	0.06
18	0.06	off	0.04	0.04	0.04	off	0.06
19	off	off	0.03	0.04	0.03	0.04	0.04
20	0.04	off	0.04	0.03	0.03	off	0.04
21	0.04	off	0.04	0.04	0.03	0.04	0.04
22	off	off	0.04	0.04	0.04	0.04	0.04
23	0.05	0.04	off	0.06	0.05	0.04	0.06
24	0.06	off	0.06	0.05	0.05	0.05	0.06
25	off	off	0.05	0.06	0.05	0.04	0.06
26	off	off	0.05	0.05	0.04	0.08	0.08
27	off	off	0.04	0.04	0.12	off	0.12
28	off	off	off	off	0.12	0.09	0.12
29	0.10	0.08	0.05	0.05	0.03	0.04	0.10
30	0.04	0.03	0.06	0.03	0.05	0.06	0.06
31	0.03	0.04	0.03	0.04	0.04	0.09	0.09

Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

95% of 4-hour turbidity readings \leq 0.3 NTU? Yes / No
 All 4-hour turbidity readings \leq 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 \geq 0.2 mg/l?
 Yes / No

Notes:

PRINTED NAME: **SEAN NECHERBON**
 SIGNATURE: *[Signature]* DATE: **1/6/23**
 PHONE #: **(541) 863 01453** CERT #: **6111**

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: Dec-22 Disinfection Giardia Log Inactiv: 0.5

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	12:28	1.35	1100	1485.0	8.0	7.90	31.6	YES
2	9:28	1.24	1100	1364.0	8.00	7.80	30.1	YES
3	11:49	1.37	1100	1507.0	7.00	8.00	35.2	YES
4	9:02	1.22	1100	1342.0	7.00	8.00	34.5	YES
5	11:35	1.43	1100	1573.0	8.0	8.10	34.3	YES
6	11:43	1.40	1100	1540.0	8.0	7.80	30.6	YES
7	8:53	1.33	1100	1463.0	8.0	8.00	32.7	YES
8	10:10	1.25	1100	1375.0	7.0	7.90	33.4	YES
9	11:40	1.21	1100	1331.0	8.0	7.80	30.0	YES
10	11:48	1.52	1100	1672.0	8.0	7.80	31.1	YES
11	12:11	1.38	1100	1518.0	8.0	7.80	30.6	YES
12	12:27	1.42	1100	1562.0	8.0	7.90	31.8	YES
13	9:16	1.09	1100	1199.0	8.0	7.80	29.6	YES
14	9:23	1.07	1100	1177.0	8.0	7.80	29.5	YES
15	15:30	1.13	1100	1243.0	8.0	7.80	29.7	YES
16	9:33	1.04	1100	1144.0	7.0	7.80	31.5	YES
17	8:39	0.98	1100	1078.0	7.0	7.80	31.2	YES
18	9:15	1.14	1100	1254.0	6.0	7.80	34.1	YES
19	11:30	1.19	1100	1309.0	6.0	7.90	35.5	YES
20	9:40	0.98	1100	1078.0	6.00	7.80	33.4	YES
21	9:36	1.34	1100	1474.0	7.00	7.80	32.6	YES
22	16:05	1.23	1100	1353.0	8.00	7.80	30.0	YES
23	11:45	1.23	1100	1353.0	8.0	8.00	32.3	YES
24	11:58	1.25	1100	1375.0	8.0	8.00	32.4	YES
25	11:17	1.24	1100	1364.0	9.0	8.10	31.3	YES
26	8:18	1.20	1100	1320.0	10.0	7.90	27.1	YES
27	9:34	0.90	1100	990.0	10.0	7.90	26.2	YES
28	17:35	0.88	1100	968.0	9.0	8.20	31.2	YES
29	15:55	1.56	1100	1716.0	9.0	7.60	27.1	YES
30	9:23	1.24	1100	1364.0	9.0	7.70	27.1	YES
31	9:36	2.09	1100	2299.0	10.0	7.50	26.0	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