

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: Douglas

Conventional or Direct Filtration

Month/Year: Feb-23

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	0.05	0.09	0.06	0.08	0.07	0.09	
2	off	off	0.06	0.06	0.08	0.07	0.08	
3	0.06	0.08	0.06	0.04	0.08	off	0.08	
4	0.04	0.06	0.08	0.09	0.07	0.08	0.09	
5	0.06	off	0.07	0.06	0.05	0.04	0.07	
6	0.07	0.03	0.04	0.05	0.05	off	0.07	
7	off	off	0.06	0.06	0.06	0.03	0.06	
8	0.05	0.04	0.06	0.05	0.06	0.04	0.06	
9	off	off	0.05	0.06	0.06	0.05	0.06	
10	0.04	0.04	0.05	0.06	0.06	0.04	0.06	
11	off	off	0.06	0.05	0.05	0.03	0.06	
12	0.03	0.03	0.05	0.05	0.05	0.03	0.06	
13	off	off	0.06	0.06	0.04	0.03	0.06	
14	0.03	0.03	0.05	0.04	0.04	0.04	0.05	
15	0.04	off	0.05	0.05	0.05	0.04	0.05	
16	0.04	0.03	off	0.04	0.05	0.03	0.05	
17	0.03	0.05	0.04	0.04	0.06	0.03	0.06	
18	0.04	0.03	0.04	0.04	0.04	0.04	0.04	
19	0.03	off	0.08	0.06	0.06	0.03	0.08	
20	0.03	0.03	off	0.07	0.06	0.03	0.07	
21	0.03	off	0.05	0.05	0.06	0.03	0.06	
22	0.03	off	0.04	0.04	0.04	0.07	0.07	
23	0.03	off	0.06	0.06	0.04	0.05	0.06	
24	0.04	0.04	0.05	0.05	0.05	0.04	0.05	
25	0.03	off	0.05	0.06	0.04	0.03	0.06	
26	0.03	off	0.05	0.05	0.06	0.03	0.06	
27	0.04	off	0.07	0.06	0.06	0.04	0.07	
28	0.04	off	0.08	0.07	0.06	0.04	0.08	
29								
30								
31								

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 NEGERSON

SIGNATURE: *[Signature]*

DATE: 3/6/23

PHONE #: (541) 963 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 Effl. (333-061-0040(1)(e)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: City of Glendale				# 4100323	Month/Year: Feb-23	WTP - : Disinfection Giardia Log Inactiv:	A 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	12:10	1.01	1100	1111.0	6.0	8.20	38.8	YES
2	9:00	0.94	1100	1034.0	6.00	8.00	35.8	YES
3	12:00	0.96	1100	1056.0	6.00	8.00	35.9	YES
4	9:30	1.43	1100	1573.0	7.00	8.00	35.4	YES
5	9:05	1.26	1100	1386.0	8.0	8.20	34.9	YES
6	15:39	1.07	1100	1177.0	8.0	8.00	31.7	YES
7	11:45	0.98	1100	1078.0	8.0	8.00	31.4	YES
8	15:30	1.07	1100	1177.0	8.0	8.00	31.7	YES
9	15:40	1.34	1100	1474.0	8.0	8.10	33.9	YES
10	15:55	1.07	1100	1177.0	8.0	7.80	29.5	YES
11	11:37	0.98	1100	1078.0	8.0	8.00	31.4	YES
12	8:57	1.24	1100	1364.0	8.0	7.80	30.1	YES
13	11:47	0.96	1100	1056.0	8.0	8.20	33.7	YES
14	10:52	0.96	1100	1056.0	7.0	8.00	33.5	YES
15	9:04	1.07	1100	1177.0	7.0	8.10	35.2	YES
16	15:48	1.25	1100	1375.0	7.0	8.00	34.7	YES
17	15:50	1.10	1100	1210.0	7.0	7.90	32.8	YES
18	12:00	0.93	1100	1023.0	6.0	8.00	35.8	YES
19	9:10	0.95	1100	1045.0	7.0	8.30	37.4	YES
20	12:12	1.04	1100	1144.0	8.00	8.10	32.8	YES
21	15:50	1.09	1100	1199.0	8.00	8.10	33.0	YES
22	8:50	1.21	1100	1331.0	7.00	8.00	34.5	YES
23	12:30	0.86	1100	946.0	6.0	0.20	3.7	YES
24	10:15	1.26	1100	1386.0	6.0	7.90	35.8	YES
25	12:25	0.95	1100	1045.0	6.0	7.90	34.6	YES
26	8:43	1.12	1100	1232.0	8.0	7.80	29.7	YES
27	9:55	0.90	1100	990.0	7.0	7.80	30.9	YES
28	9:30	1.03	1100	1133.0	6.0	7.70	32.4	YES
29								
30								
31								

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