

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: **Douglas**

Conventional or Direct Filtration

Month/Year: **Oct-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 <sup>1</sup> [NTU]
1	off	off	0.05	0.05	0.08	0.05	0.08
2	0.03	off	0.05	0.06	0.05	off	0.06
3	off	off	0.05	0.06	0.04	0.06	0.06
4	0.04	0.03	0.05	0.04	0.05	off	0.05
5	off	off	0.05	0.05	0.05	0.03	0.05
6	0.03	0.04	0.04	0.04	off	off	0.04
7	0.04	0.03	0.03	0.05	0.06	0.04	0.05
8	off	off	0.06	0.05	0.05	0.04	0.06
9	0.04	0.04	0.06	0.07	0.06	off	0.07
10	off	off	0.06	0.05	0.04	0.05	0.06
11	0.04	0.04	0.06	0.08	0.06	off	0.08
12	0.04	off	0.06	0.05	0.07	0.04	0.07
13	off	off	0.06	0.06	0.05	0.03	0.06
14	0.03	off	0.05	0.05	0.05	off	0.05
15	off	off	0.08	0.06	0.06	0.07	0.08
16	0.05	0.04	off	0.07	0.06	0.04	0.07
17	off	off	0.06	0.05	0.06	0.06	0.06
18	0.03	off	0.06	0.06	0.05	off	0.06
19	off	off	0.05	0.05	0.07	0.04	0.07
20	0.04	off	0.05	0.06	0.07	off	0.07
21	0.05	off	0.04	0.04	0.05	off	0.05
22	off	off	0.06	0.07	0.07	0.03	0.07
23	0.04	0.03	0.06	0.06	0.07	off	0.07
24	off	off	0.06	0.05	0.05	0.04	0.06
25	0.03	off	0.07	0.05	0.05	0.03	0.07
26	off	off	0.05	0.06	0.05	0.04	0.06
27	0.03	off	0.05	0.05	0.05	off	0.05
28	off	off	0.05	0.06	0.05	0.03	0.06
29	0.04	0.05	0.04	0.05	0.05	off	0.05
30	off	off	0.06	0.06	0.05	0.04	0.06
31	0.05	0.04	0.06	off	0.08	0.04	0.08

**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 < IFE<sup>2</sup> triggers  Yes /  No

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

All Cl<sub>2</sub> residual at entry point ≥ 0.2 mg/l?  
 Yes /  No

Notes:

PRINTED NAME: **SEAN NEGERDON**  
 SIGNATURE: *[Signature]* DATE: **11/3/23**  
 PHONE #: **(541) 863-1453** CERT #: **611**

<sup>1</sup> 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. <sup>2</sup> 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					ID#: 4100323	Month/Year: Oct-23	WTP - : A	Disinfection Giardia Log Inactiv: 0.5
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Date	Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>
		[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No
1	10:10	1.09	1100	1199.0	14.0	8.00	21.3	YES
2	15:40	0.69	1100	759.0	13.00	7.90	21.0	YES
3	9:20	0.96	1100	1056.0	14.00	7.90	20.2	YES
4	9:34	0.79	1100	869.0	14.00	7.70	18.4	YES
5	9:14	0.86	1100	946.0	14.0	7.80	19.3	YES
6	10:00	1.15	1100	1265.0	14.0	7.70	19.2	YES
7	13:15	0.94	1100	1034.0	14.0	7.60	18.1	YES
8	10:30	1.10	1100	1210.0	15.0	8.00	19.9	YES
9	12:00	0.84	1100	924.0	15.0	7.90	18.7	YES
10	12:53	0.88	1100	968.0	14.0	8.00	20.8	YES
11	15:52	1.12	1100	1232.0	14.0	7.90	20.6	YES
12	9:20	0.86	1100	946.0	13.0	7.80	20.6	YES
13	9:45	0.80	1100	880.0	13.0	8.00	22.0	YES
14	9:44	0.94	1100	1034.0	13.0	7.80	20.8	YES
15	9:25	0.79	1100	869.0	14.0	7.90	19.8	YES
16	13:15	0.72	1100	792.0	14.0	7.70	18.3	YES
17	9:52	0.91	1100	1001.0	15.0	7.70	17.5	YES
18	12:25	0.64	1100	704.0	16.0	7.80	16.4	YES
19	9:27	1.33	1100	1463.0	14.0	7.90	21.1	YES
20	9:20	1.27	1100	1397.0	14.00	7.80	20.2	YES
21	9:42	1.26	1100	1386.0	14.00	7.80	20.2	YES
22	9:45	0.74	1100	814.0	14.00	7.80	19.0	YES
23	10:20	0.78	1100	858.0	14.0	7.80	19.1	YES
24	12:38	1.27	1100	1397.0	14.0	7.90	20.9	YES
25	9:37	0.75	1100	825.0	13.0	7.80	20.3	YES
26	12:50	0.96	1100	1056.0	12.0	7.90	23.1	YES
27	16:00	1.17	1100	1287.0	12.0	7.90	23.6	YES
28	9:53	0.96	1100	1056.0	11.0	7.90	24.7	YES
29	10:33	1.04	1100	1144.0	11.0	7.80	24.0	YES
30	12:25	1.04	1100	1144.0	11.0	7.90	24.9	YES
31	15:49	0.82	1100	902.0	11.0	7.70	22.6	YES

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, DWP to be notified by end of next business day.

Revised February 2012