

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: **Douglas**

Conventional or Direct Filtration

Month/Year: **Jan-24**

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	0.03	0.03	off	0.03	off	off	0.03
2	off	off	0.05	0.04	0.06	off	0.06
3	off	off	0.06	0.04	0.04	off	0.06
4	off	off	0.04	0.04	0.05	off	0.05
5	off	off	0.05	0.04	0.04	off	0.05
6	off	off	0.04	0.05	0.06	off	0.06
7	off	off	0.05	0.04	0.06	off	0.06
8	off	off	off	0.04	0.04	0.03	0.04
9	off	off	0.04	0.04	off	off	0.04
10	off	off	0.07	0.05	0.06	0.04	0.07
11	off	off	off	0.05	0.06	0.03	0.06
12	off	off	0.04	0.06	0.04	off	0.04
13	off	off	0.04	0.06	off	off	0.06
14	off	off	0.04	0.06	off	0.17	0.17
15	0.04	0.04	0.04	0.05	0.05	0.04	0.06
16	0.03	off	0.04	0.05	off	0.03	0.05
17	0.03	off	0.05	off	0.06	off	0.06
18	off	off	0.05	0.07	0.07	0.04	0.07
19	0.03	0.04	0.05	0.04	0.06	off	0.07
20	off	off	0.05	0.06	0.04	0.03	0.05
21	0.03	off	0.05	0.06	0.05	off	0.06
22	off	off	0.06	0.05	0.05	0.04	0.06
23	off	off	0.05	0.07	0.06	0.04	0.06
24	0.03	off	0.05	0.05	0.05	off	0.07
25	off	off	0.04	0.05	0.04	0.03	0.05
26	off	off	0.03	0.03	0.05	off	0.05
27	off	off	0.03	0.04	0.03	0.03	0.03
28	0.03	off	0.04	0.04	off	0.04	0.04
29	0.03	off	0.03	0.04	0.03	off	0.04
30	0.03	off	0.05	0.05	0.05	off	0.05
31	0.03	off	0.04	0.05	0.03	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 NEGERBON**

SIGNATURE: 

DATE: **2/7/24**

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	# 4100323	Month/Year:	Jan-24	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	12:20	0.81	1100	891.0	12.0	7.60	20.4	YES
2	9:29	0.76	1100	836.0	11.00	7.80	23.3	YES
3	12:42	1.09	1100	1199.0	10.00	7.90	26.8	YES
4	15:39	1.14	1100	1254.0	11.00	7.90	25.2	YES
5	9:00	0.77	1100	847.0	10.0	8.00	26.7	YES
6	9:13	0.97	1100	1067.0	9.0	7.90	28.2	YES
7	9:49	0.73	1100	803.0	9.0	7.80	26.5	YES
8	13:40	0.78	1100	858.0	9.0	7.80	26.7	YES
9	9:34	0.77	1100	847.0	9.0	7.80	26.6	YES
10	15:44	0.71	1100	781.0	9.0	7.70	25.5	YES
11	11:40	1.04	1100	1144.0	9.0	7.50	24.7	YES
12	9:22	0.90	1100	990.0	9.0	7.70	26.1	YES
13	12:44	0.72	1100	792.0	9.0	7.60	24.7	YES
14	10:38	0.78	1100	858.0	9.0	7.40	23.1	YES
15	8:55	0.88	1100	968.0	10.0	7.50	22.7	YES
16	12:28	0.97	1100	1067.0	10.0	7.70	24.6	YES
17	15:55	0.72	1100	792.0	10.0	7.60	23.1	YES
18	17:04	0.69	1100	759.0	10.0	7.40	21.4	YES
19	13:58	0.84	1100	924.0	10.0	7.60	23.4	YES
20	10:05	1.13	1100	1243.0	10.00	7.50	23.3	YES
21	9:05	0.71	1100	781.0	10.00	8.00	26.6	YES
22	12:10	0.80	1100	880.0	11.00	7.80	23.4	YES
23	11:05	0.79	1100	869.0	11.0	7.60	21.8	YES
24	13:54	0.70	1100	770.0	11.0	7.80	23.1	YES
25	8:55	0.77	1100	847.0	11.0	7.70	22.5	YES
26	9:40	1.01	1100	1111.0	11.0	7.80	23.9	YES
27	15:40	0.98	1100	1078.0	11.0	7.50	21.5	YES
28	9:10	0.76	1100	836.0	11.0	7.70	22.5	YES
29	9:20	0.64	1100	704.0	12.0	7.70	20.8	YES
30	15:40	0.67	1100	737.0	12.0	7.70	20.8	YES
31	9:31	0.87	1100	957.0	12.0	7.60	20.6	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