

**OHA - Drinking Water Program -Turbidity Monitoring Report Form**  
**Conventional or Direct Filtration**

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

Conventional or Direct Filtration			Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings $\leq$ 0.3 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No		CT's met everyday? (see back)	All Cl2 residual at entry point $\geq$ 0.2 mg/l?
All 4-hour turbidity readings $\leq$ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No		<input checked="" type="radio"/> Yes / <input type="radio"/> No	
All turbidity readings < IFE <sup>2</sup> triggers	<input checked="" type="radio"/> Yes / <input type="radio"/> No		<input checked="" type="radio"/> Yes / <input type="radio"/> No	

Notes:	PRINTED NAME: SEAN NEGERSON
	SIGNATURE: 
	PHONE #: (541) 863 1453
	DATE: 4/7/24
	CERT #: 6111

<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 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:	Mar-24	Disinfection Giardia Log Inactiv:	0.5
--------------	------------------	--------------	-------------	--------	---	-----

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]	<b>C X T</b>	[° C]		formula	Yes / No
1	11:48	0.84	1100	924.0	10.0	7.80	25.1	YES
2	11:30	0.92	1100	1012.0	9.00	7.60	25.2	YES
3	15:25	0.72	1100	792.0	10.00	7.70	23.9	YES
4	9:27	0.87	1100	957.0	10.00	7.50	22.6	YES
5	15:52	0.53	1100	583.0	9.0	7.70	25.0	YES
6	9:51	0.71	1100	781.0	10.0	7.70	23.9	YES
7	13:10	0.69	1100	759.0	10.0	7.50	22.2	YES
8	9:25	0.82	1100	902.0	9.0	7.60	24.9	YES
9	9:23	0.73	1100	803.0	10.0	7.70	23.9	YES
10	12:30	0.57	1100	627.0	10.0	8.00	26.1	YES
11	15:45	0.63	1100	693.0	9.0	7.50	23.5	YES
12	9:23	0.66	1100	726.0	9.0	7.80	26.3	YES
13	11:05	0.72	1100	792.0	10.0	7.80	24.8	YES
14	8:51	1.03	1100	1133.0	9.0	7.60	25.5	YES
15	11:55	0.97	1100	1067.0	10.0	7.80	25.5	YES
16	9:28	0.98	1100	1078.0	10.0	7.80	25.5	YES
17	12:04	0.57	1100	627.0	11.0	7.90	23.6	YES
18	15:45	0.64	1100	704.0	11.0	7.70	22.2	YES
19	13:13	0.65	1100	715.0	11.0	7.80	23.0	YES
20	15:43	0.70	1100	770.0	12.00	7.70	20.9	YES
21	12:27	0.69	1100	759.0	11.00	7.90	23.9	YES
22	9:40	0.78	1100	858.0	11.00	7.70	22.5	YES
23	9:30	0.80	1100	880.0	10.0	7.70	24.1	YES
24	10:00	0.71	1100	781.0	10.0	8.10	27.5	YES
25	12:04	0.80	1100	880.0	11.0	7.70	22.6	YES
26	12:13	0.72	1100	792.0	10.0	7.90	25.7	YES
27	9:10	0.65	1100	715.0	11.0	8.00	24.7	YES
28	9:52	0.84	1100	924.0	11.0	8.10	26.1	YES
29	9:31	0.84	1100	924.0	9.0	7.90	27.8	YES
30	9:39	0.83	1100	913.0	9.0	7.80	26.8	YES
31	11:30	0.81	1100	891.0	10.0	7.80	25.0	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