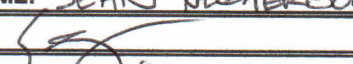


OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: **Douglas**
 Month/Year: **Sep-24**

Conventional or Direct Filtration

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

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	Yes / No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	Yes / No	Yes / No	Yes / No
All turbidity readings < IFE ² triggers	Yes / No		
Notes:	PRINTED NAME: SEAN NEHERBON		
	SIGNATURE: 		DATE: 10/4/24
	PHONE #: (541) 863 1453		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

WTP - : A

System Name: City of Glendale

ID#: 4100323

Month/Year: Sep-24

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	15:37	0.48	1100	528.0	19.0	8.10	14.8	YES
2	10:32	0.46	1100	506.0	19.00	7.80	13.2	YES
3	12:14	0.53	1100	583.0	18.00	7.90	14.8	YES
4	9:54	0.85	1100	935.0	18.00	7.90	15.3	YES
5	9:48	0.54	1100	594.0	18.0	7.80	14.2	YES
6	10:03	0.97	1100	1067.0	19.0	7.70	13.5	YES
7	16:00	0.65	1100	715.0	20.0	7.70	12.1	YES
8	10:07	0.53	1100	583.0	20.0	7.70	12.0	YES
9	9:39	0.55	1100	605.0	20.0	7.70	12.0	YES
10	13:18	1.07	1100	1177.0	20.0	7.70	12.7	YES
11	12:09	1.04	1100	1144.0	19.0	8.00	15.2	YES
12	9:08	0.90	1100	990.0	18.0	8.20	17.2	YES
13	9:51	0.98	1100	1078.0	18.0	8.00	16.1	YES
14	10:01	0.84	1100	924.0	18.0	7.90	15.3	YES
15	10:15	0.79	1100	869.0	18.0	7.70	14.1	YES
16	13:31	0.61	1100	671.0	18.0	7.90	14.9	YES
17	8:42	0.72	1100	792.0	17.0	8.00	16.7	YES
18	9:04	0.87	1100	957.0	17.0	7.90	16.4	YES
19	13:15	0.79	1100	869.0	18.0	7.90	15.2	YES
20	8:37	0.64	1100	704.0	18.00	8.30	17.3	YES
21	10:33	0.72	1100	792.0	17.00	8.20	18.0	YES
22	9:52	0.75	1100	825.0	17.00	8.00	16.8	YES
23	8:14	0.70	1100	770.0	17.0	8.00	16.7	YES
24	8:46	0.68	1100	748.0	17.0	7.90	16.0	YES
25	12:09	0.58	1100	638.0	17.0	7.80	15.3	YES
26	8:28	0.76	1100	836.0	14.0	8.30	22.9	YES
27	8:41	0.84	1100	924.0	14.0	8.10	21.5	YES
28	9:28	0.75	1100	825.0	14.0	8.10	21.2	YES
29	11:51	0.55	1100	605.0	14.0	8.20	21.6	YES
30	14:50	0.77	1100	847.0	13.0	8.10	22.8	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