

OHA - Drinking Water Program -Turbidity Monitoring Report Form

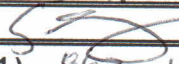
County: **Douglas**

Conventional or Direct Filtration

Month/Year: **Jan-25**

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	0.04	0.06	0.04	0.06	off	0.06
2	0.03	off	0.05	0.04	0.07	off	0.07
3	off	off	0.05	0.05	0.04	0.03	0.05
4	0.07	off	0.05	0.06	0.05	off	0.07
5	0.04	0.03	0.03	off	0.04	0.03	0.04
6	off	off	0.04	0.06	0.05	off	0.06
7	off	off	0.03	0.04	0.03	0.03	0.04
8	off	off	0.03	0.03	0.03	0.03	0.03
9	off	off	0.04	0.03	0.06	0.04	0.06
10	0.03	off	0.04	0.03	0.05	off	0.05
11	off	off	0.03	0.07	0.03	0.08	0.08
12	0.03	off	0.04	0.06	0.05	off	0.06
13	off	off	0.08	0.03	0.04	0.08	0.08
14	0.05	off	0.04	0.14	off	off	0.14
15	off	off	0.04	0.03	0.04	0.04	0.04
16	0.08	0.04	0.06	0.06	off	off	0.08
17	0.04	0.06	off	0.03	0.09	0.05	0.09
18	off	off	0.05	0.05	0.03	0.03	0.05
19	off	off	0.06	0.03	0.03	0.18	0.18
20	0.04	0.05	0.07	0.08	0.08	0.05	0.08
21	off	off	0.05	0.03	0.03	0.08	0.08
22	off	off	off	0.05	0.03	0.03	0.05
23	0.03	0.04	off	0.05	0.04	0.07	0.07
24	0.03	off	0.03	0.03	0.03	0.03	0.03
25	off	off	0.04	0.03	0.03	0.04	0.04
26	0.03	off	0.04	0.04	0.05	0.04	0.05
27	0.03	off	0.05	0.04	0.04	0.02	0.05
28	0.04	0.03	0.06	0.10	0.08	0.05	0.10
29	0.05	off	0.05	0.05	0.03	0.04	0.05
30	off	off	0.03	0.06	0.04	0.04	0.06
31	0.03	0.04	0.03	off	0.04	0.03	0.04

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

Notes:	PRINTED NAME: SETH NECHERSON	
	SIGNATURE: 	DATE: 2/4/25
	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

ID#: 4100323

Month/Year:

Jan-25

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	9:30	0.97	1100	1067.0	9.0	8.00	29.3	YES
2	15:50	0.59	1100	649.0	10.00	7.70	23.5	YES
3	12:00	0.82	1100	902.0	10.00	8.00	26.9	YES
4	9:41	0.97	1100	1067.0	10.00	8.00	27.4	YES
5	15:53	0.80	1100	880.0	10.0	7.70	24.1	YES
6	11:28	0.83	1100	913.0	11.0	8.00	25.2	YES
7	9:04	0.78	1100	858.0	10.0	8.10	27.8	YES
8	9:28	0.65	1100	715.0	10.0	8.10	27.3	YES
9	15:53	0.54	1100	594.0	9.0	8.10	28.9	YES
10	15:51	0.64	1100	704.0	9.0	8.00	28.2	YES
11	9:32	0.58	1100	638.0	9.0	7.90	27.0	YES
12	12:28	0.56	1100	616.0	9.0	7.90	26.9	YES
13	8:44	0.57	1100	627.0	9.0	8.00	28.0	YES
14	11:59	1.09	1100	1199.0	8.0	7.90	30.6	YES
15	16:02	0.64	1100	704.0	8.0	8.00	30.2	YES
16	9:57	1.05	1100	1155.0	9.0	7.90	28.5	YES
17	15:53	0.95	1100	1045.0	8.0	8.00	31.3	YES
18	12:18	0.73	1100	803.0	8.0	8.00	30.5	YES
19	8:50	0.74	1100	814.0	8.0	7.50	25.5	YES
20	11:58	0.76	1100	836.0	7.00	7.90	31.6	YES
21	15:40	0.88	1100	968.0	7.00	8.00	33.2	YES
22	11:48	1.03	1100	1133.0	7.00	7.90	32.6	YES
23	12:58	0.87	1100	957.0	7.0	7.80	30.8	YES
24	15:52	0.94	1100	1034.0	7.0	7.60	28.9	YES
25	8:30	0.94	1100	1034.0	7.0	8.00	33.4	YES
26	9:21	1.01	1100	1111.0	6.0	8.00	36.1	YES
27	8:45	0.99	1100	1089.0	7.0	8.00	33.6	YES
28	9:18	0.99	1100	1089.0	6.0	8.10	37.4	YES
29	12:00	1.00	1100	1100.0	6.0	8.10	37.4	YES
30	11:54	0.91	1100	1001.0	6.0	8.00	35.7	YES
31	15:47	0.77	1100	847.0	8.0	7.90	29.5	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