

OHA - Drinking Water Program -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Douglas

Month/Year: Feb-21

System Name: Elkton, City of ID#: 41 00276

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	0.12	0.13	0.12	0.09	0.06	0.08	0.59
2	0.08	0.08	0.08	0.05	0.11	0.07	0.69
3	0.08	0.09	0.09	0.07	0.10	0.10	0.52
4	0.10	0.11	0.11	off	off	off	0.42
5	off	off	off	0.35	0.10	0.07	0.42
6	0.07	0.07	0.08	0.08	0.05	0.10	0.96
7	0.10	0.10	0.11	0.12	0.12	0.09	0.41
8	0.07	0.16	0.13	0.08	0.12	0.05	0.24
9	0.05	0.06	0.06	0.09	0.08	0.03	0.75
10	0.09	0.08	0.08	0.05	0.07	0.07	0.36
11	0.07	0.07	0.05	0.05	0.05	0.04	0.83
12	0.09	0.09	0.09	0.06	0.03	0.04	0.36
13	0.06	0.05	0.03	0.05	0.06	0.06	0.24
14	0.06	0.05	0.13	0.06	0.10	0.05	0.43
15	0.06	0.08	0.08	0.08	0.07	0.05	0.13
16	0.07	0.07	off	off	off	off	0.18
17	off	off	off	0.12	0.06	0.08	0.37
18	0.08	0.08	0.09	0.09	0.10	0.09	0.40
19	0.10	0.10	0.10	0.08	0.11	0.10	0.24
20	0.10	0.11	0.11	0.13	0.06	0.12	0.60
21	0.12	0.12	0.12	0.12	0.16	0.14	0.90
22	0.13	0.14	0.14	0.08	0.07	0.10	0.37
23	0.09	0.10	0.10	0.05	0.15	0.11	0.66
24	0.11	0.11	0.05	0.05	0.06	0.06	0.97
25	0.07	0.04	0.05	0.06	0.07	0.08	0.51
26	0.10	0.09	0.09	0.05	0.05	0.05	0.20
27	0.06	0.06	0.06	0.08	0.04	0.05	0.46
28	0.05	0.06	0.03	0.08	0.08	0.08	0.54
29							
30							
31							

Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

95% of daily turbidity readings ≤ 0.3 NTU? Yes / No
 All daily 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: Gary Trout

SIGNATURE:  DATE: 3/9/21

PHONE #: (541)584-2547 CERT #: 5316

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

System Name: **Elkton, City of** ID#: **41 00276** Month/Year: **Feb 21** WTP -: **A**
 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	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	1.7	50	85.0	9.0	7.00	22.3	Yes	107
2	1.7	50	85.0	9.0	7.00	22.3	Yes	106
3	1.6	50	80.0	8.0	6.90	22.7	Yes	106
4	1.4	50	70.0	8.0	7.00	23.0	Yes	106
5	1.2	50	60.0	8.0	6.90	21.7	Yes	107
6	1.6	50	80.0	9.0	6.90	21.3	Yes	105
7	1.4	50	70.0	9.0	6.90	20.8	Yes	105
8	1.6	50	80.0	9.0	6.90	21.3	Yes	105
9	1.3	50	65.0	9.0	6.90	20.6	Yes	105
10	1.3	50	65.0	9.0	7.00	21.3	Yes	105
11	1.3	50	65.0	9.0	7.00	21.3	Yes	106
12	1.3	50	65.0	9.0	7.00	21.3	Yes	105
13	1.7	50	85.0	8.0	7.00	23.8	Yes	106
14	1.7	50	85.0	8.0	7.00	23.8	Yes	105
15	1.6	50	80.0	9.0	6.90	21.3	Yes	105
16	1.5	50	75.0	8.0	6.90	22.5	Yes	105
17	1.4	50	70.0	9.0	6.90	20.8	Yes	106
18	1.6	50	80.0	9.0	6.90	21.3	Yes	106
19	1.5	50	75.0	9.0	6.90	21.0	Yes	106
20	1.5	50	75.0	10.0	6.90	19.7	Yes	105
21	1.3	50	65.0	10.0	6.90	19.3	Yes	106
22	1.4	50	70.0	10.0	6.90	19.5	Yes	106
23	1.3	50	65.0	10.0	7.00	20.0	Yes	106
24	1.5	50	75.0	10.0	6.90	19.7	Yes	105
25	1.5	50	75.0	10.0	7.00	20.4	Yes	106
26	1.6	50	80.0	10.0	7.00	20.6	Yes	106
27	1.6	50	80.0	10.0	7.00	20.6	Yes	105
28	1.5	50	75.0	10.0	7.00	20.4	Yes	105
29			0.0			4.2		
30			0.0			4.2		
31			0.0			4.2		

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, DWP to be notified by end of next business day.