

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: Douglas

Conventional or Direct Filtration

Month/Year: Apr-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 <sup>1</sup> [NTU]
1	0.06	0.06	0.07	0.04	0.06	0.06	0.10
2	0.05	0.06	0.07	0.04	0.04	0.06	0.19
3	0.06	0.06	0.07	0.04	0.06	0.06	0.10
4	0.06	0.03	0.04	0.08	0.07	0.03	0.17
5	0.05	0.06	0.06	0.05	0.04	0.06	0.15
6	0.06	0.07	0.04	0.04	0.07	0.07	0.12
7	0.03	0.05	0.05	0.08	0.03	0.05	0.13
8	0.06	0.06	0.07	0.04	0.04	0.06	0.12
9	0.06	0.07	0.07	0.04	0.06	0.07	0.19
10	0.04	0.03	0.06	0.06	0.08	0.04	0.10
11	0.03	0.05	0.06	0.06	0.08	0.03	0.16
12	0.05	0.06	0.06	0.03	0.06	0.07	0.08
13	0.07	0.07	0.04	0.03	0.04	0.07	0.21
14	0.06	0.06	0.07	0.03	0.05	0.06	0.09
15	0.06	0.03	0.05	0.04	0.03	0.03	0.14
16	0.05	0.06	0.07	0.03	0.03	0.06	0.09
17	0.05	0.03	0.05	0.08	0.03	0.03	0.13
18	0.05	0.06	0.03	0.05	0.16	0.04	0.20
19	0.04	0.05	0.06	0.08	0.04	0.03	0.22
20	0.05	0.06	0.07	0.03	0.03	0.06	0.15
21	0.05	0.03	0.05	0.05	0.03	0.04	0.14
22	0.06	0.06	0.03	0.05	0.07	0.03	0.12
23	0.03	0.05	0.06	0.04	0.03	0.03	0.15
24	0.05	0.06	0.06	0.03	0.03	0.05	0.08
25	0.06	0.06	0.07	0.03	0.04	0.05	0.08
26	0.06	0.06	0.03	0.04	0.08	0.04	0.10
27	0.03	0.06	0.06	0.06	0.03	0.03	0.24
28	0.05	0.06	0.06	0.03	0.03	0.05	0.13
29	0.05	0.03	0.05	0.04	0.03	0.03	0.15
30	0.05	0.06	0.06	0.03	0.03	0.06	0.10
31							

Conventional or Direct Filtration

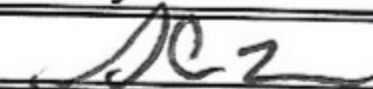
Monthly Summary (Answer Yes or No)

95% of daily turbidity readings ≤ 0.3 NTU?  Yes /  No  
 All daily turbidity readings ≤ 1 NTU?  Yes /  No  
 All turbidity readings < IFE<sup>2</sup> triggers  Yes /  No

CT's met everyday? (see back)  Yes /  No  
 All Cl<sub>2</sub> residual at entry point ≥ 0.2 mg/l?  Yes /  No

Notes:

PRINTED NAME: Gary Trout

SIGNATURE: 

DATE: 5/9/21

PHONE #: ( 541 )584-2547

CERT #: 5316

<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 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: **April 21** WTP -: **A**  
 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>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	1.6	50	80.0	11.0	6.90	18.7	yes	105
2	1.6	50	80.0	11.0	6.90	18.7	yes	105
3	1.6	50	80.0	12.0	6.90	17.5	yes	105
4	1.5	50	75.0	12.0	6.90	17.3	yes	106
5	1.4	50	70.0	11.0	6.90	18.3	yes	105
6	1.6	50	80.0	12.0	6.90	17.5	yes	106
7	1.2	50	60.0	12.0	6.90	16.8	yes	105
8	1.6	50	80.0	13.0	6.90	16.1	yes	106
9	1.7	50	85.0	13.0	6.90	16.2	yes	106
10	1.6	50	80.0	12.0	6.90	17.5	yes	105
11	1.4	50	70.0	13.0	6.90	15.7	yes	105
12	1.6	50	80.0	13.0	6.90	16.1	yes	105
13	1.6	50	80.0	13.0	6.90	16.1	yes	105
14	1.2	50	60.0	13.0	6.90	15.3	yes	105
15	1.7	50	85.0	13.0	6.90	16.2	yes	105
16	1.7	50	85.0	14.0	6.90	15.2	yes	105
17	1.4	50	70.0	15.0	6.90	13.7	yes	104
18	1.5	50	75.0	15.0	6.90	13.9	yes	104
19	1.3	50	65.0	16.0	6.90	12.7	yes	105
20	1.5	50	75.0	16.0	6.90	13.0	yes	104
21	1.6	50	80.0	16.0	6.90	13.1	yes	104
22	1.5	50	75.0	16.0	6.90	13.0	yes	104
23	1.5	50	75.0	17.0	6.90	12.2	yes	105
24	1.1	50	55.0	17.0	6.90	11.6	yes	105
25	1.7	50	85.0	15.0	6.90	14.2	yes	104
26	1.6	50	80.0	15.0	6.90	14.1	yes	104
27	1.6	50	80.0	15.0	7.00	14.6	yes	104
28	1.6	50	80.0	16.0	6.90	13.1	yes	104
29	1.5	50	75.0	16.0	6.90	13.0	yes	104
30	1.2	50	60.0	16.0	7.00	13.0	yes	104
31		<del>50</del>	0.0			<del>4.2</del>		

<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.