

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: Douglas

Conventional or Direct Filtration

Month/Year: Jun-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	0.03	0.06	0.07	0.04	0.04	0.04	0.17
2	0.04	0.04	0.04	0.04	0.04	0.04	0.08
3	0.05	0.07	0.07	0.04	0.04	0.04	0.32
4	0.04	0.07	0.04	0.04	0.04	0.04	0.51
5	0.06	0.07	0.04	0.05	0.08	0.04	0.19
6	0.07	0.07	0.08	0.05	0.04	0.07	0.28
7	0.08	0.05	0.07	0.08	0.04	0.07	0.32
8	0.05	0.05	0.07	0.10	off	off	0.17
9	off	off	off	off	off	off	off
10	off	off	off	0.10	0.07	off	0.15
11	off	off	off	off	0.07	off	0.16
12	off	off	off	0.05	0.05	0.06	0.27
13	off	off	off	0.06	0.05	0.05	0.22
14	off	off	0.05	0.05	0.05	off	0.10
15	off	off	0.06	0.05	0.05	0.05	0.10
16	off	off	0.08	0.05	0.08	off	0.08
17	off	off	off	0.05	0.05	off	0.22
18	off	off	0.10	0.07	0.11	off	0.29
19	off	off	0.07	0.06	0.06	0.07	0.27
20	0.07	0.07	0.08	off	off	0.07	0.21
21	0.07	0.07	0.06	0.06	0.06	off	0.13
22	off	off	0.07	0.06	0.06	off	0.24
23	0.07	0.06	0.08	0.10	0.07	0.10	0.19
24	0.10	0.10	off	0.07	0.07	0.08	0.23
25	off	off	off	0.07	0.07	0.08	0.23
26	off	off	0.11	0.08	0.07	0.08	0.22
27	off	off	off	0.11	0.10	0.12	0.43
28	0.15	0.14	0.15	0.12	0.12	0.14	0.23
29	0.15	0.15	0.15	0.18	0.16	0.17	0.22
30	0.17	0.19	0.18	0.10	0.09	0.10	0.29
31							

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No
All daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / No		
All turbidity readings < IFE ² triggers <input checked="" type="checkbox"/> Yes / No		

Notes:

PRINTED NAME: Gary Trout

SIGNATURE: *[Signature]* DATE: 7/5/21

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: **Jun 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	1.2	50	60.0	21.0	6.90	9.0	yes	107
2	1.1	50	55.0	23.0	6.90	7.7	yes	110
3	1.3	50	65.0	23.0	7.00	8.2	yes	110
4	1.3	50	65.0	23.0	7.00	8.2	yes	110
5	1.3	50	65.0	21.0	7.00	9.4	yes	110
6	1.2	50	60.0	21.0	7.00	9.3	yes	109
7	1.2	50	60.0	20.0	7.00	10.0	yes	109
8	1	50	50.0	20.0	7.00	9.7	yes	109
9	0.9	50	45.0	off	off	4.4	—	off
10	0.8	50	40.0	19.0	7.00	10.2	yes	99
11	1.6	50	80.0	19.0	7.00	11.2	yes	99
12	1.5	50	75.0	20.0	7.00	10.3	yes	98
13	1.1	50	55.0	20.0	7.00	9.8	yes	100
14	1.8	50	90.0	20.0	7.00	10.7	yes	94
15	1.4	50	70.0	20.0	7.00	10.2	yes	93
16	1.3	50	65.0	20.0	7.00	10.1	yes	92
17	1.3	50	65.0	20.0	7.00	10.1	yes	93
18	1.4	50	70.0	22.0	7.00	8.9	yes	92
19	1.1	50	55.0	22.0	7.00	8.6	yes	94
20	1.1	50	55.0	22.0	7.00	8.6	yes	91
21	1.2	50	60.0	23.0	7.00	8.1	yes	91
22	1.4	50	70.0	23.0	7.00	8.3	yes	93
23	1.2	50	60.0	24.0	7.00	7.6	yes	92
24	1	50	50.0	24.0	7.00	7.4	yes	97
25	1	50	50.0	24.0	7.00	7.4	yes	98
26	1.2	50	60.0	25.0	7.00	7.1	yes	96
27	1.2	50	60.0	25.0	7.00	7.1	yes	96
28	0.9	50	45.0	27.0	7.00	6.0	yes	95
29	0.9	50	45.0	27.0	7.00	6.0	yes	95
30	1.3	50	65.0	27.0	7.00	6.2	yes	95
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.