

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: Douglas

Conventional or Direct Filtration

Month/Year: Nov-21

System Name: Elkton, City of ID#: 41 00226 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	0.11	0.04	0.07	0.06	0.18	0.05	0.21
2	0.06	0.10	0.13	0.04	0.05	0.11	0.14
3	0.10	0.03	0.05	0.08	0.04	0.03	0.16
4	0.07	0.06	0.08	0.05	0.04	0.04	0.17
5	0.07	0.08	0.08	0.08	0.04	0.05	0.10
6	0.07	0.07	0.07	0.08	0.04	0.06	0.10
7	0.08	0.08	0.08	0.07	0.09	0.10	0.22
8	0.10	0.11	0.12	off	off	off	0.19
9	off	off	off	0.18	0.12	0.08	0.27
10	0.09	0.10	0.11	0.07	0.08	0.08	0.12
11	0.09	0.09	0.11	0.05	0.05	0.10	0.28
12	0.11	0.10	0.11	0.04	0.07	0.09	0.13
13	0.09	0.05	0.05	0.10	0.14	0.14	0.23
14	0.10	0.08	0.11	0.12	0.13	0.08	0.16
15	0.04	0.07	0.08	0.08	0.12	0.05	0.23
16	0.04	0.07	0.08	off	off	0.16	0.48
17	off	off	off	0.04	0.03	0.03	0.66
18	0.05	0.06	0.06	0.06	0.03	0.06	0.23
19	0.06	0.08	0.08	0.03	0.04	0.06	0.19
20	0.08	0.08	0.04	0.05	0.08	0.03	0.12
21	0.05	0.06	0.07	0.03	0.03	0.05	0.22
22	0.06	0.06	0.07	0.05	0.03	0.05	0.13
23	0.06	0.06	0.07	0.03	0.06	0.06	0.08
24	0.06	0.07	0.04	0.03	0.04	0.06	0.15
25	0.06	0.07	0.03	0.03	0.07	0.06	0.12
26	0.03	0.04	0.06	0.05	0.07	0.03	0.16
27	0.03	0.05	0.06	0.09	0.03	0.03	0.11
28	0.06	0.07	0.07	0.07	0.03	0.04	0.08
29	0.07	0.07	0.06	0.04	0.03	0.05	0.18
30	0.06	0.07	0.07	0.03	0.06	0.05	0.08
31							

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

Notes:

PRINTED NAME: Gary Trout

SIGNATURE: *[Signature]* DATE: 12/6/2021

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: Nov - 21	WTP -: A	Disinfection <i>Giardia</i> Log Inactiv: 0.5
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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	50	50.0	13.0	6.90	15.0	yes	106
2	1.7	50	85.0	13.0	6.90	16.2	yes	106
3	1.4	50	70.0	14.0	6.90	14.7	yes	106
4	1.7	50	85.0	14.0	6.90	15.2	yes	106
5	1.2	50	60.0	15.0	6.90	13.4	yes	106
6	1.4	50	70.0	15.0	6.90	13.7	yes	106
7	1.6	50	80.0	14.0	6.90	15.0	yes	106
8	1.5	50	75.0	12.0	6.90	17.3	yes	106
9	1.5	50	75.0	12.0	6.90	17.3	yes	106
10	1.5	50	75.0	12.0	6.90	17.3	yes	108
11	1	50	50.0	11.0	6.90	17.5	yes	106
12	1.1	50	55.0	12.0	6.90	16.6	yes	106
13	1	50	50.0	12.0	6.90	16.4	yes	106
14	1	50	50.0	12.0	6.90	16.4	yes	106
15	1.4	50	70.0	13.0	6.90	15.7	yes	106
16	1.7	50	85.0	13.0	6.90	16.2	yes	107
17	0.9	50	45.0	11.0	6.90	17.3	yes	108
18	1.9	50	95.0	11.0	6.90	19.3	yes	106
19	1.7	50	85.0	11.0	6.90	18.9	yes	106
20	1.2	50	60.0	11.0	6.90	17.9	yes	106
21	1.4	50	70.0	11.0	6.90	18.3	yes	106
22	1.2	50	60.0	10.0	6.90	19.1	yes	106
23	1.3	50	65.0	9.0	6.90	20.6	yes	106
24	1.2	50	60.0	9.0	6.90	20.3	yes	105
25	1.2	50	60.0	9.0	6.90	20.3	yes	105
26	1.1	50	55.0	10.0	6.90	18.8	yes	105
27	1.1	50	55.0	10.0	6.90	18.8	yes	106
28	1.1	50	55.0	10.0	6.90	18.8	yes	105
29	0.7	50	35.0	10.0	6.90	18.0	yes	107
30	1	50	50.0	11.0	6.90	17.5	yes	106
31		50	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.