

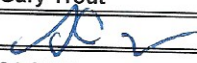
OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Douglas

Conventional or Direct Filtration

Month/Year: Nov-23

System Name:	City of Elkton		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	0.05	0.08	0.09	0.03	0.04	0.09	0.09	
2	0.07	0.03	0.05	0.13	0.03	0.09	0.16	
3	0.11	0.12	0.07	0.05	0.14	0.03	0.30	
4	0.03	0.09	0.11	0.03	0.04	0.09	0.12	
5	0.03	0.04	0.07	0.15	0.03	0.04	0.16	
6	0.07	0.08	0.03	0.03	0.07	0.03	0.10	
7	0.06	0.08	0.09	0.03	0.04	0.08	0.10	
8	0.09	0.04	0.06	0.09	0.04	0.07	0.10	
9	0.09	0.04	0.03	0.08	0.05	0.07	0.19	
10	0.05	0.05	0.08	0.04	0.04	0.07	0.10	
11	0.10	0.03	0.04	0.08	0.13	0.03	0.17	
12	0.80	0.11	0.12	0.03	0.04	0.04	0.94	
13	0.07	0.10	0.11	0.03	0.06	0.07	0.11	
14	0.03	0.05	0.08	0.12	0.03	0.04	0.18	
15	0.08	0.09	0.03	0.06	0.10	0.03	0.13	
16	0.03	0.07	0.09	0.04	0.03	0.05	0.96	
17	0.08	0.03	0.05	0.10	0.03	0.03	0.14	
18	0.06	0.06	0.03	0.04	0.03	0.03	0.20	
19	0.06	0.08	0.09	0.03	0.04	0.07	0.10	
20	0.08	0.03	0.04	0.04	0.03	0.05	0.12	
21	0.08	0.09	0.03	0.05	0.12	0.03	0.15	
22	0.04	0.08	0.03	0.04	0.07	0.10	0.20	
23	0.04	0.04	0.07	0.09	0.04	0.04	0.10	
24	0.07	0.09	0.10	0.04	0.03	0.06	0.15	
25	0.09	0.03	0.04	0.07	0.04	0.07	0.15	
26	0.09	0.07	0.12	0.13	0.10	off	0.30	
27	0.05	0.10	0.12	0.04	0.04	0.06	0.75	
28	0.08	0.04	0.06	0.05	0.04	0.05	0.20	
29	0.07	0.08	0.04	0.04	0.06	0.08	0.17	
30	0.04	0.08	0.10	0.04	0.04	0.06	0.20	
31								

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
All turbidity readings < IFE ² triggers	<input checked="" type="radio"/> Yes / <input type="radio"/> No		
Notes:	PRINTED NAME: Gary Trout		
	SIGNATURE: 	12/8/2023	
	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)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name:	City of Elkton	ID#: 41 00276	Month/Year: Nov-23	WTP - : A
				Disinfection <i>Giardia</i> Log Inactive: 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	1.4	50	70.0	12.0	6.90	17.1	YES	107
2	1.4	50	70.0	12.0	6.90	17.1	YES	108
3	1.7	50	85.0	12.0	6.90	17.7	YES	108
4	1.2	50	60.0	14.0	6.90	14.4	YES	106
5	1.9	50	95.0	13.0	6.90	16.6	YES	108
6	1.2	50	60.0	12.0	6.90	16.8	YES	108
7	1.5	50	75.0	13.0	6.90	15.9	YES	108
8	1.4	50	70.0	13.0	6.90	15.7	YES	108
9	1	50	50.0	13.0	6.90	15.0	YES	108
10	1.1	50	55.0	12.0	6.80	16.0	YES	108
11	1.2	50	60.0	12.0	6.90	16.8	YES	107
12	1.1	50	55.0	13.0	6.90	15.2	YES	107
13	1.2	50	60.0	12.0	6.90	16.8	YES	106
14	0.9	50	45.0	11.0	6.90	17.3	YES	107
15	1.5	50	75.0	11.0	6.90	18.5	YES	107
16	0.9	50	45.0	12.0	6.80	15.7	YES	106
17	1.6	50	80.0	12.0	6.80	16.9	YES	106
18	1.2	50	60.0	11.0	6.80	17.3	YES	107
19	1.6	50	80.0	11.0	6.90	18.7	YES	107
20	1	50	50.0	11.0	6.90	17.5	YES	107
21	1.7	50	85.0	11.0	6.90	18.9	YES	108
22	1	50	50.0	11.0	6.80	16.9	YES	107
23	1.2	50	60.0	11.0	6.90	17.9	YES	108
24	1.7	50	85.0	10.0	6.90	20.2	YES	108
25	1.3	50	65.0	9.0	6.90	20.6	YES	108
26	0.8	50	40.0	9.0	6.90	19.5	YES	107
27	1.3	50	65.0	9.0	6.90	20.6	YES	107
28	1.1	50	55.0	8.0	6.90	21.5	YES	107
29	1.6	50	80.0	8.0	6.90	22.7	YES	106
30	1.4	50	70.0	8.0	6.90	22.2	YES	106
31		50						

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised November 2022

Return by 10th of following month by email, fax, or mail to:
 dwp.dmce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350