

OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County:	Douglas
Month/Year:	Apr-24

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	0.07	0.09	0.03	0.05	0.09	0.09	0.26
2	0.13	0.03	0.04	0.09	0.16	0.03	0.30
3	0.03	0.05	0.08	0.04	0.03	0.03	0.19
4	0.06	0.08	0.09	0.03	0.04	0.06	0.10
5	0.08	0.09	0.03	0.03	0.08	0.08	0.24
6	0.09	0.03	0.03	0.05	0.08	0.09	0.12
7	0.05	0.04	0.07	0.13	0.03	0.03	0.25
8	0.05	0.07	0.09	0.04	0.10	0.03	0.14
9	0.03	0.03	0.06	0.11	0.03	0.03	0.17
10	0.05	0.08	0.09	0.14	0.13	0.03	0.19
11	0.03	0.04	0.07	0.10	0.11	0.03	0.17
12	0.04	0.06	0.08	0.04	0.03	0.05	0.17
13	0.07	0.08	0.09	off	off	off	0.10
14	off	off	off	off	0.06	0.03	0.15
15	0.03	0.04	0.07	0.10	0.03	0.07	0.12
16	0.08	0.10	0.05	0.03	0.03	0.06	0.11
17	0.07	0.10	0.10	0.04	0.03	0.07	0.17
18	0.08	0.10	0.04	0.03	0.11	0.03	0.12
19	0.04	0.07	0.09	0.04	0.04	0.05	0.21
20	0.08	0.09	0.10	0.04	0.05	0.09	0.14
21	0.09	0.04	0.05	0.08	0.09	0.04	0.19
22	0.05	0.08	0.10	0.13	0.04	0.06	0.18
23	0.08	0.09	0.10	0.06	0.14	0.04	0.16
24	0.04	0.04	0.08	0.15	0.04	0.04	0.15
25	0.06	0.08	0.10	0.04	0.04	0.07	0.15
26	0.04	0.05	0.08	0.09	0.17	0.04	0.18
27	0.07	0.09	0.06	0.04	0.08	0.11	0.19
28	0.11	0.04	0.08	0.11	0.04	0.08	0.14
29	0.09	0.11	0.05	0.05	0.08	0.12	0.17
30	0.12	0.05	0.06	0.05	0.05	0.09	0.15
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Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

95% of 4-hour turbidity readings \leq 0.3 NTU?

Yes / No

CT's met everyday?
(see back)All Cl2 residual at entry point
 \geq 0.2 mg/l?All 4-hour turbidity readings \leq 1 NTU?

Yes / No

Yes / No

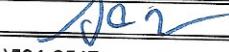
Yes / No

All turbidity readings < IFE² triggers

Yes / No

Notes:

PRINTED NAME: Gary Trout

SIGNATURE: 

5/9/2024

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:	Apr-24	Disinfection Giardia 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	1.2	50	60.0	11.0	6.90	17.9	YES	102
2	1.4	50	70.0	11.0	6.90	18.3	YES	103
3	1.8	50	90.0	12.0	6.90	17.9	YES	102
4	0.9	50	45.0	12.0	6.90	16.2	YES	102
5	1.7	50	85.0	12.0	6.90	17.7	YES	102
6	1.7	50	85.0	12.0	6.90	17.7	YES	102
7	1.3	50	65.0	12.0	6.90	16.9	YES	103
8	1.5	50	75.0	12.0	6.90	17.3	YES	103
9	1.2	50	60.0	13.0	6.90	15.3	YES	102
10	0.9	50	45.0	13.0	6.90	14.8	YES	102
11	1.6	50	80.0	13.0	6.90	16.1	YES	102
12	0.8	50	40.0	13.0	6.90	14.7	YES	104
13	0.6	50	30.0	13.0	6.90	14.3	YES	103
14	0.6	50	30.0	13.0	6.90	14.3	YES	103
15	1	50	50.0	14.0	7.00	14.6	YES	107
16	1	50	50.0	14.0	7.00	14.6	YES	107
17	1.4	50	70.0	13.0	7.00	16.3	YES	105
18	1.5	50	75.0	13.0	7.00	16.5	YES	105
19	1.6	50	80.0	13.0	7.00	16.7	YES	105
20	0.6	50	30.0	14.0	7.00	13.9	YES	104
21	1.5	50	75.0	14.0	7.00	15.4	YES	102
22	1.5	50	75.0	14.0	7.00	15.4	YES	102
23	1.3	50	65.0	14.0	7.00	15.1	YES	103
24	0.8	50	40.0	15.0	7.00	13.3	YES	108
25	1.2	50	60.0	14.0	7.00	14.9	YES	104
26	0.6	50	30.0	14.0	7.00	13.9	YES	105
27	1.5	50	75.0	14.0	7.00	15.4	YES	105
28	1.2	50	60.0	14.0	7.00	14.9	YES	105
29	1.7	50	85.0	13.0	6.90	16.2	YES	105
30	1.4	50	70.0	13.0	6.90	15.7	YES	105
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