

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Douglas

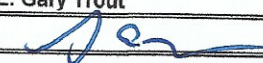
Conventional or Direct Filtration

Month/Year: Nov-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	0.03	0.05	0.06	0.03	0.05	0.05	0.09
2	0.02	0.03	0.05	0.06	0.02	0.04	0.10
3	0.05	0.02	0.03	0.06	0.08	0.06	0.11
4	0.07	0.07	0.07	0.29	0.06	0.03	0.31
5	0.04	0.06	0.07	0.03	0.05	0.08	0.22
6	0.09	0.03	0.05	0.04	0.03	0.05	0.11
7	0.07	0.05	0.09	0.04	0.04	0.04	0.90
8	0.07	0.03	0.04	0.06	0.03	0.02	0.19
9	0.05	0.06	0.07	0.02	0.06	0.06	0.10
10	0.02	0.08	0.08	0.14	0.03	0.02	0.90
11	0.05	0.08	0.02	0.03	0.08	0.06	0.10
12	0.02	0.04	0.06	0.06	0.06	0.06	0.10
13	0.04	off	off	off	0.03	0.06	0.10
14	0.03	0.03	0.05	0.03	0.03	0.03	0.18
15	0.03	0.07	0.07	0.03	0.05	0.03	0.10
16	0.06	0.08	0.09	0.08	0.05	0.04	0.22
17	0.08	0.10	0.05	0.05	0.07	0.09	0.11
18	0.05	0.04	0.08	0.04	0.04	0.09	0.15
19	0.10	0.11	0.10	off	off	off	0.30
20	off	off	off	0.07	0.04	0.06	0.36
21	0.08	0.09	0.04	0.07	0.11	0.07	0.87
22	0.11	0.12	0.13	0.13	0.13	0.13	0.35
23	0.13	0.14	0.07	0.14	0.12	0.17	0.40
24	0.11	0.09	0.13	0.07	0.05	0.09	0.17
25	0.10	0.04	0.03	0.03	0.03	0.03	0.15
26	0.04	0.09	0.04	0.08	0.08	0.10	0.13
27	0.11	0.03	0.17	0.09	0.16	0.05	0.20
28	0.07	0.09	0.10	0.04	0.07	0.18	0.20
29	0.17	0.18	0.07	0.05	0.08	0.04	0.23
30	0.23	0.21	0.21	0.22	0.30	off	0.39
31							

<p>Conventional or Direct Filtration</p> <p>95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>All turbidity readings < IFE² triggers <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p>		<p>Monthly Summary (Answer Yes or No)</p> <p>CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p>	
<p>Notes:</p>		<p>PRINTED NAME: Gary Trout</p> <p>SIGNATURE: </p> <p>PHONE #: (541)584-2547</p>	
		<p>12/6/2024</p> <p>CERT #: 5316</p>	

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 Eff. (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-24	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	1.2	50	60.0	13.0	6.90	15.3	YES	107
2	0.8	50	40.0	13.0	6.90	14.7	YES	107
3	0.9	50	45.0	12.0	7.00	16.8	YES	107
4	0.7	50	35.0	12.0	7.00	16.4	YES	107
5	1.2	50	60.0	11.0	6.90	17.9	YES	106
6	1.1	50	55.0	11.0	6.90	17.7	YES	107
7	1.2	50	60.0	11.0	6.90	17.9	YES	107
8	1.1	50	55.0	11.0	6.90	17.7	YES	107
9	0.9	50	45.0	12.0	6.90	16.2	YES	105
10	0.7	50	35.0	12.0	6.90	15.9	YES	105
11	1.3	50	65.0	11.0	6.90	18.1	YES	105
12	0.7	50	35.0	11.0	6.90	16.9	YES	105
13	1.1	50	55.0	12.0	6.90	16.6	YES	105
14	1	50	50.0	11.0	6.90	17.5	YES	105
15	1.2	50	60.0	11.0	6.90	17.9	YES	104
16	1.4	50	70.0	11.0	6.90	18.3	YES	105
17	0.8	50	40.0	10.0	6.90	18.2	YES	104
18	1.1	50	55.0	9.0	6.90	20.1	YES	105
19	0.9	50	45.0	9.0	6.90	19.7	YES	105
20	1	50	50.0	9.0	6.80	19.2	YES	105
21	0.7	50	35.0	9.0	6.80	18.6	YES	104
22	0.8	50	40.0	10.0	6.80	17.6	YES	105
23	1.2	50	60.0	10.0	6.80	18.4	YES	105
24	1.2	50	60.0	10.0	6.80	18.4	YES	104
25	0.8	50	40.0	10.0	6.80	17.6	YES	105
26	1	50	50.0	9.0	6.80	19.2	YES	105
27	1	50	50.0	9.0	6.80	19.2	YES	105
28	1	50	50.0	9.0	6.80	19.2	YES	105
29	0.9	50	45.0	8.0	6.80	20.3	YES	105
30	1	50	50.0	8.0	6.80	20.5	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
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