

OHA - Drinking Water Services -Turbidity Monitoring Report Form
 Conventional or Direct Filtration

County:	Douglas
Month/Year:	Mar-25

System Name:		City of Elkton		ID#:			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		0.09	0.11	0.03	0.07	0.09	0.03	0.14
2		0.07	0.08	0.09	0.15	0.09	0.04	0.52
3		0.04	0.06	0.07	0.12	0.02	0.03	0.17
4		0.05	0.06	0.02	0.03	0.07	0.08	0.34
5		0.07	0.08	0.02	0.03	0.08	0.02	0.13
6		0.03	0.06	0.06	0.04	0.03	0.03	0.22
7		0.05	0.06	0.07	0.02	0.05	0.06	0.12
8		0.06	0.07	0.07	0.02	0.08	0.05	0.09
9		0.09	0.10	0.11	0.11	0.02	0.03	0.17
10		0.05	0.06	0.07	0.06	0.02	0.05	0.32
11		0.05	0.05	0.02	0.06	0.06	0.07	0.08
12		0.02	0.03	0.05	0.03	0.02	0.03	0.26
13		0.05	0.06	0.07	0.06	0.02	0.03	0.15
14		0.05	0.06	0.06	0.03	0.04	0.06	0.33
15		0.07	0.10	0.08	0.09	0.09	off	0.13
16		off	off	off	off	off	off	off
17		off	off	off	off	off	off	off
18		off	off	0.11	0.22	0.09	off	0.32
19		off	off	off	0.24	0.11	0.10	0.67
20		0.13	0.14	0.15	0.30	0.10	0.09	0.51
21		0.11	0.13	0.13	0.16	0.07	0.12	0.33
22		0.12	0.14	0.05	0.09	0.11	0.11	0.18
23		0.04	0.05	0.06	0.12	0.09	0.09	0.53
24		0.13	0.13	0.12	0.05	0.04	0.08	0.18
25		0.10	0.07	0.02	0.06	0.09	0.10	0.28
26		0.04	0.06	0.06	0.13	0.02	0.03	0.20
27		0.05	0.08	0.08	0.02	0.03	0.06	0.31
28		0.08	0.02	0.03	0.06	0.08	0.08	0.14
29		0.02	0.03	0.06	0.06	0.24	0.02	0.97
30		0.05	0.07	0.07	0.08	0.04	0.03	0.36
31		0.08	0.08	0.08	0.08	0.03	0.07	0.25
Conventional or Direct Filtration						Monthly Summary (Answer Yes or No)		
95% of 4-hour turbidity readings ≤ 0.3 NTU?						Yes / No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?						Yes / No	Yes / No	Yes / No
All turbidity readings < IFE ² triggers						Yes / No		
Notes:						PRINTED NAME: Gary Trout		
						SIGNATURE: 	4/8/2025	
						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#:	Month/Year:	Mar-25	WTP - : A 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	1.1	50	55.0	11.0	6.80	17.1	YES	106
2	1.4	50	70.0	11.0	6.80	17.6	YES	105
3	1.5	50	75.0	11.0	6.90	18.5	YES	105
4	1.2	50	60.0	11.0	6.90	17.9	YES	105
5	1.4	50	70.0	11.0	6.90	18.3	YES	104
6	1.4	50	70.0	11.0	6.90	18.3	YES	105
7	1.3	50	65.0	11.0	6.90	18.1	YES	105
8	1.5	50	75.0	11.0	6.90	18.5	YES	105
9	1.1	50	55.0	11.0	6.90	17.7	YES	105
10	1.4	50	70.0	11.0	6.90	18.3	YES	105
11	1.3	50	65.0	11.0	6.90	18.1	YES	105
12	1.2	50	60.0	10.0	6.90	19.1	YES	105
13	1.4	50	70.0	9.0	6.90	20.8	YES	105
14	1.6	50	80.0	9.0	6.90	21.3	YES	105
15	1.3	50	65.0	9.0	6.80	19.9	YES	105
16	1.2	50	60.0	off	off	4.5	YES	off
17	1.2	50	60.0	off	off	4.5	YES	off
18	0.9	50	45.0	9.0	6.80	19.0	YES	105
19	1.5	50	75.0	9.0	6.70	19.6	YES	105
20	0.9	50	45.0	9.0	6.80	19.0	YES	105
21	1.4	50	70.0	9.0	6.80	20.1	YES	105
22	1.3	50	65.0	9.0	6.80	19.9	YES	105
23	1.5	50	75.0	9.0	6.80	20.3	YES	105
24	1.5	50	75.0	11.0	6.80	17.8	YES	105
25	1.4	50	70.0	11.0	6.90	18.3	YES	105
26	1.5	50	75.0	12.0	6.90	17.3	YES	105
27	1.3	50	65.0	12.0	6.90	16.9	YES	105
28	1.5	50	75.0	11.0	6.90	18.5	YES	105
29	1.4	50	70.0	12.0	6.90	17.1	YES	105
30	1.4	50	70.0	11.0	6.90	18.3	YES	105
31	1.3	50	65.0	10.0	6.90	19.3	YES	105

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

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