

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Douglas
 Month/Year: Nov-25

Conventional or Direct Filtration

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	0.06	0.08	0.03	0.08	0.07	off	0.17	
2	off	off	off	off	0.03	0.03	0.20	
3	0.03	0.03	0.05	0.04	0.03	0.05	0.15	
4	0.07	0.08	0.09	0.03	0.06	0.03	0.19	
5	0.03	0.06	0.08	0.04	0.03	0.04	0.15	
6	0.07	0.03	0.03	0.08	0.10	0.03	0.18	
7	0.04	0.07	0.08	0.03	0.06	0.06	0.18	
8	0.08	0.08	0.09	0.03	0.03	0.03	0.13	
9	0.06	0.07	0.08	0.03	0.03	off	0.13	
10	off	off	off	0.04	0.03	0.03	0.15	
11	0.05	0.07	0.08	0.03	0.06	0.09	0.19	
12	0.02	0.05	0.08	0.13	0.03	0.04	0.16	
13	0.07	0.08	0.09	0.03	0.08	0.07	0.19	
14	0.04	0.07	0.08	0.08	0.04	0.05	0.18	
15	0.09	0.03	0.04	0.12	0.10	0.04	0.20	
16	0.10	0.10	0.11	0.03	0.03	0.06	0.16	
17	0.08	0.03	0.05	0.07	0.08	0.03	0.18	
18	0.04	0.07	0.08	0.03	0.04	0.08	0.13	
19	0.08	0.03	0.03	0.06	0.03	0.04	0.12	
20	0.07	0.09	0.09	0.03	0.03	0.03	0.11	
21	0.06	0.08	0.08	0.02	0.04	0.08	0.17	
22	0.02	0.05	0.08	0.08	0.03	0.03	0.14	
23	0.06	0.08	0.08	0.03	0.06	0.07	0.15	
24	0.03	0.04	0.07	0.03	0.03	0.03	0.14	
25	0.06	0.08	0.08	0.03	0.05	0.03	0.16	
26	0.03	0.05	0.07	0.04	0.03	0.05	0.13	
27	0.07	0.02	0.05	0.07	0.03	0.02	0.17	
28	0.05	0.06	0.07	0.03	0.03	0.04	0.16	
29	0.07	0.02	0.04	0.06	0.10	0.02	0.18	
30	0.03	0.06	0.08	0.03	0.02	0.05	0.11	
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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) Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l? Yes / No
All 4-hour turbidity readings ≤ 1 NTU? Yes / No		
All turbidity readings < IFE ² triggers Yes / No		

Notes:

PRINTED NAME: Gary Trout	
SIGNATURE: 	12/8 11/11/2025
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

WTP - : A

System Name:	City of Elkton	ID#: 41 00276	Month/Year:	Nov-25	Disinfection <i>Giardia</i> Log Inactive:	0.5
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1	0.4	50	20.0	13.0	6.90	14.0	YES	105
2	0.3	50	15.0	13.0	6.90	13.8	YES	105
3	0.5	50	25.0	13.0	6.90	14.2	YES	105
4	0.8	50	40.0	13.0	6.90	14.7	YES	105
5	0.8	50	40.0	13.0	7.00	15.2	YES	104
6	0.8	50	40.0	13.0	7.00	15.2	YES	105
7	0.8	50	40.0	13.0	7.00	15.2	YES	105
8	0.7	50	35.0	13.0	7.00	15.0	YES	105
9	0.6	50	30.0	13.0	7.00	14.9	YES	105
10	0.4	50	20.0	13.0	7.00	14.5	YES	105
11	1	50	50.0	13.0	6.90	15.0	YES	105
12	1	50	50.0	13.0	6.90	15.0	YES	105
13	0.9	50	45.0	13.0	6.90	14.8	YES	104
14	0.5	50	25.0	13.0	6.90	14.2	YES	105
15	0.8	50	40.0	13.0	6.90	14.7	YES	105
16	0.8	50	40.0	13.0	6.90	14.7	YES	105
17	0.8	50	40.0	12.0	6.90	16.0	YES	105
18	0.8	50	40.0	12.0	6.90	16.0	YES	104
19	0.7	50	35.0	12.0	6.90	15.9	YES	105
20	1.1	50	55.0	11.0	6.90	17.7	YES	105
21	1.1	50	55.0	11.0	6.90	17.7	YES	104
22	0.9	50	45.0	11.0	6.90	17.3	YES	105
23	1.5	50	75.0	11.0	6.90	18.5	YES	105
24	1.3	50	65.0	10.0	6.90	19.3	YES	105
25	1.3	50	65.0	10.0	6.90	19.3	YES	106
26	1.1	50	55.0	10.0	6.90	18.8	YES	105
27	1.8	50	90.0	10.0	6.90	20.4	YES	105
28	1.6	50	80.0	11.0	6.90	18.7	YES	105
29	1.7	50	85.0	11.0	6.90	18.9	YES	105
30	1.7	50	85.0	11.0	6.90	18.9	YES	105
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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