

OHA - Drinking Water Services -Turbidity Monitoring Report Form

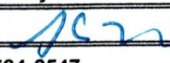
County: Douglas

Conventional or Direct Filtration

Month/Year: Feb-26

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	0.04	0.05	0.02	0.02	0.04	0.13
2	0.04	0.05	0.02	0.05	0.06	0.08	0.17
3	0.03	0.04	0.05	0.05	0.02	0.03	0.50
4	0.04	0.02	0.03	0.06	0.07	0.03	0.13
5	0.04	0.06	0.03	0.03	0.09	0.03	0.14
6	0.03	0.04	0.06	0.04	0.03	0.06	0.18
7	0.06	0.07	0.03	0.03	0.07	0.03	0.11
8	0.05	0.07	0.08	0.08	0.03	0.06	0.10
9	0.06	0.04	0.05	0.12	0.05	0.05	0.19
10	0.06	0.08	off	off	off	off	0.75
11	off	off	off	off	off	0.06	0.36
12	off	off	0.09	0.04	0.10	0.06	0.30
13	0.05	0.04	0.05	0.23	off	off	0.46
14	0.17	0.06	0.04	0.09	0.03	0.03	0.46
15	0.05	0.07	0.08	0.03	0.06	0.10	0.37
16	0.03	0.10	0.13	0.14	0.04	0.03	0.31
17	0.06	0.02	0.03	0.05	0.09	0.02	0.36
18	0.03	0.05	0.07	0.05	0.03	0.03	0.23
19	0.05	0.07	0.02	0.02	0.08	0.02	0.13
20	0.04	0.05	0.07	0.07	0.03	0.05	0.23
21	0.06	0.02	0.04	0.11	0.09	0.02	0.28
22	0.04	0.09	0.05	0.13	0.02	0.09	0.45
23	0.10	0.02	0.13	0.05	0.08	0.04	0.57
24	0.06	0.08	0.03	off	off	off	0.17
25	off	off	off	off	off	off	off
26	off	off	off	0.04	0.04	0.04	0.21
27	0.04	0.20	0.19	0.15	0.06	0.08	0.28
28	0.10	0.11	0.05	0.05	0.12	0.03	0.77
29							
30							
31							

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: 	3/1/2026
	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 Eff. (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: Feb Jan-26 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	50	50.0	7.0	6.90	22.7	YES	105
2	1.1	50	55.0	8.0	7.00	22.2	YES	105
3	1	50	50.0	8.0	7.00	22.0	YES	105
4	0.9	50	45.0	9.0	7.00	20.4	YES	105
5	1.2	50	60.0	9.0	7.00	21.1	YES	105
6	1.1	50	55.0	9.0	7.00	20.8	YES	105
7	1.2	50	60.0	9.0	7.00	21.1	YES	105
8	1.1	50	55.0	10.0	7.00	19.5	YES	104
9	1.2	50	60.0	9.0	7.00	21.1	YES	105
10	0.9	50	45.0	9.0	7.00	20.4	YES	105
11	0.8	50	40.0	9.0	6.90	19.5	YES	106
12	0.7	50	35.0	9.0	6.80	18.6	YES	105
13	0.9	50	45.0	9.0	6.80	19.0	YES	105
14	0.9	50	45.0	9.0	6.90	19.7	YES	105
15	0.9	50	45.0	9.0	6.90	19.7	YES	105
16	0.9	50	45.0	9.0	6.90	19.7	YES	104
17	0.9	50	45.0	9.0	6.90	19.7	YES	105
18	0.9	50	45.0	8.0	6.90	21.0	YES	105
19	1.1	50	55.0	8.0	6.90	21.5	YES	105
20	1.2	50	60.0	8.0	6.90	21.7	YES	105
21	1.2	50	60.0	9.0	6.90	20.3	YES	105
22	1.1	50	55.0	9.0	6.90	20.1	YES	105
23	1	50	50.0	9.0	6.90	19.9	YES	105
24	1	50	50.0	10.0	6.80	18.0	YES	105
25	0.9	50	45.0			4.4	YES	off
26	0.8	50	40.0	9.0	6.80	18.8	YES	105
27	0.8	50	40.0	9.0	6.80	18.8	YES	105
28	1.1	50	55.0	9.0	6.80	19.4	YES	105
29		50						
30		50						
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