

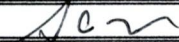
**OHA - Drinking Water Services -Turbidity Monitoring Report Form**  
**Conventional or Direct Filtration**

County: **Douglas**  
 Month/Year: **Mar-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 <sup>1</sup> [NTU]
1	0.09	0.10	0.12	off	0.08	0.03	0.76
2	0.05	0.08	0.09	0.03	0.11	0.13	0.31
3	0.03	0.14	0.15	0.08	0.05	0.05	0.31
4	0.06	0.04	0.04	0.09	0.13	0.04	0.29
5	0.03	0.06	0.07	0.08	0.03	0.04	0.27
6	0.07	0.08	0.05	0.08	0.10	0.10	0.18
7	0.06	0.08	0.10	0.17	0.06	0.09	0.40
8	0.09	0.04	0.06	0.08	0.04	0.03	0.39
9	0.08	0.08	0.03	0.05	0.04	0.03	0.23
10	0.05	0.07	0.02	0.03	0.09	0.02	0.12
11	0.06	0.07	0.02	0.04	0.06	0.12	0.27
12	0.03	0.04	0.07	0.02	0.05	0.07	0.17
13	0.02	0.03	0.05	0.02	0.07	0.09	0.13
14	0.10	0.10	0.09	0.05	0.02	0.02	0.37
15	0.04	0.05	0.06	0.02	0.03	0.06	0.11
16	0.02	0.03	0.05	0.03	0.03	0.04	0.20
17	0.05	0.02	0.04	0.05	0.03	0.03	0.13
18	0.04	0.06	0.02	0.04	0.09	0.03	0.63
19	0.03	0.06	0.07	0.03	0.02	0.04	0.13
20	0.08	0.06	0.02	0.03	0.08	0.03	0.33
21	0.03	0.06	0.06	0.08	0.03	0.05	0.14
22	0.06	0.28	0.03	0.04	0.10	0.03	0.28
23	0.03	0.06	0.07	0.08	0.03	0.06	0.15
24	0.06	0.03	0.04	0.06	0.06	0.03	0.17
25	0.05	0.06	0.03	0.03	0.06	0.09	0.12
26	0.07	0.02	0.05	0.03	0.03	0.05	0.14
27	0.06	0.07	0.02	0.04	0.02	0.02	0.13
28	0.05	0.06	0.06	0.02	0.02	0.05	0.13
29	0.05	0.02	0.02	0.03	0.03	0.03	0.16
30	0.04	0.05	0.07	0.03	0.03	0.05	0.14
31	0.05	0.03	0.04	0.03	0.03	0.06	0.12

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / No		
All turbidity readings < IFE <sup>2</sup> triggers <input checked="" type="radio"/> Yes / No		

<b>Notes:</b>	<b>PRINTED NAME:</b> Gary Trout	
	<b>SIGNATURE:</b> 	4/9/2026
	<b>PHONE #:</b> ( 541)584-2547	<b>CERT #:</b> 5316

<sup>1</sup> 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. <sup>2</sup> 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: Mar-26 Disinfection *Giardia* Log Inactive: 0.5

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	1	50	50.0	10.0	6.80	18.0	YES	105
2	1.2	50	60.0	10.0	6.80	18.4	YES	105
3	1.1	50	55.0	11.0	6.90	17.7	YES	105
4	0.9	50	45.0	11.0	6.90	17.3	YES	105
5	0.9	50	45.0	11.0	6.90	17.3	YES	105
6	0.9	50	45.0	11.0	6.90	17.3	YES	105
7	0.9	50	45.0	11.0	6.90	17.3	YES	105
8	0.8	50	40.0	11.0	6.90	17.1	YES	105
9	1	50	50.0	11.0	6.90	17.5	YES	105
10	1.1	50	55.0	11.0	6.90	17.7	YES	105
11	0.8	50	40.0	11.0	6.90	17.1	YES	105
12	1	50	50.0	11.0	6.90	17.5	YES	105
13	1	50	50.0	11.0	6.90	17.5	YES	105
14	1.3	50	65.0	12.0	6.90	16.9	YES	105
15	1.4	50	70.0	12.0	6.90	17.1	YES	105
16	1.4	50	70.0	12.0	7.00	17.7	YES	105
17	1	50	50.0	13.0	7.00	15.6	YES	105
18	0.8	50	40.0	13.0	7.00	15.2	YES	105
19	0.8	50	40.0	13.0	7.00	15.2	YES	105
20	0.9	50	45.0	13.0	7.00	15.4	YES	105
21	0.9	50	45.0	13.0	7.00	15.4	YES	105
22	1.3	50	65.0	12.0	7.00	17.5	YES	105
23	1	50	50.0	13.0	7.00	15.6	YES	105
24	1.2	50	60.0	13.0	7.00	15.9	YES	105
25	0.9	50	45.0	13.0	7.10	16.0	YES	105
26	0.9	50	45.0	13.0	7.10	16.0	YES	105
27	1	50	50.0	13.0	7.10	16.2	YES	105
28	0.7	50	35.0	13.0	7.10	15.6	YES	105
29	0.8	50	40.0	13.0	7.10	15.8	YES	105
30	0.6	50	30.0	13.0	7.10	15.4	YES	105
31	0.5	50	25.0	13.0	7.00	14.7	YES	104

<sup>3</sup> If Cl<sub>2</sub> 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