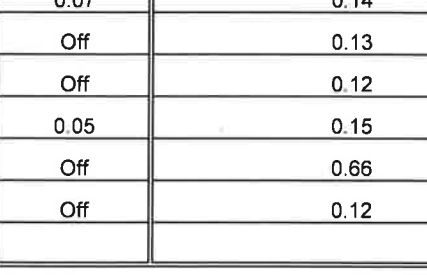


OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson  
 Month/Year: Apr-21

Conventional or Direct Filtration

System Name:	Emigrant Lake Park		ID#: 41	90730		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	Off	0.06	0.08	Off	0.05	Off	0.32
2	Off	Off	0.05	Off	Off	Off	0.17
3	Off	Off	0.10	Off	Off	0.09	0.19
4	Off	Off	Off	0.10	Off	Off	0.25
5	Off	Off	Off	Off	Off	Off	0.25
6	Off	Off	Off	Off	Off	0.12	0.24
7	Off	Off	0.28	0.10	Off	Off	0.28
8	0.08	0.06	0.05	Off	Off	Off	0.92
9	Off	Off	0.06	Off	0.10	Off	0.16
10	Off	Off	Off	Off	Off	0.11	0.12
11	Off	0.11	0.09	Off	Off	Off	0.13
12	Off	Off	0.08	Off	0.05	0.14	0.94
13	0.11	0.09	Off	Off	Off	0.08	0.19
14	Off	Off	Off	0.15	Off	Off	0.20
15	0.13	Off	Off	0.08	Off	Off	0.16
16	Off	Off	Off	0.05	0.06	0.12	0.14
17	0.05	0.05	0.04	0.04	0.06	0.06	0.13
18	0.05	0.05	0.02	0.02	Off	Off	0.91
19	Off	Off	Off	Off	Off	Off	0.90
20	Off	Off	0.24	0.11	Off	Off	0.44
21	Off	Off	0.09	Off	Off	0.13	0.23
22	Off	Off	Off	0.14	Off	Off	0.24
23	Off	Off	Off	Off	0.09	Off	0.19
24	Off	Off	Off	Off	Off	Off	0.14
25	Off	Off	Off	0.09	Off	0.07	0.14
26	Off	Off	Off	0.07	Off	Off	0.13
27	Off	Off	Off	Off	Off	Off	0.12
28	Off	Off	Off	0.06	Off	0.05	0.15
29	Off	Off	0.07	Off	0.06	Off	0.66
30	Off	Off	0.07	Off	Off	Off	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 / <input type="radio"/> No All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No All turbidity readings < IFE <sup>2</sup> triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
Turbidimeter maintenance and servicing on 4/8 and 4/18, spike on 12 due to stirring filters during backwash	PRINTED NAME: Steve Lambert	
	SIGNATURE: 	05/10/2021
	PHONE #: (541) 774-6303	CERT #: N/A

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: Emigrant Lake Park ID#: 41 90730 Month/Year: Apr-21 Disinfection Giardia Log Inactiv: 1

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1	1.5	192	288.0	10.5	7.10	40.9	YES	4.1
2	1.5	192	288.0	10.6	7.10	40.6	YES	5.1
3	1.6	192	307.2	10.8	7.10	40.6	YES	2.8
4	1.6	192	307.2	10.9	7.10	40.3	YES	3.6
5	1.6	192	307.2	10.8	7.10	40.6	YES	6.6
6	1.6	192	307.2	10.4	7.10	41.6	YES	7
7	1.4	192	268.8	10.7	7.00	38.6	YES	4.1
8	1.2	192	230.4	11.3	7.00	36.3	YES	4
9	1.2	192	230.4	11.9	7.00	34.9	YES	2.6
10	1.3	192	249.6	11.6	7.00	36.0	YES	4.8
11	1.3	192	249.6	11.8	7.00	35.5	YES	4.8
12	1.1	192	211.2	12.2	7.00	33.9	YES	5.8
13	1.2	192	230.4	12.3	7.00	34.0	YES	4.6
14	1.2	192	230.4	12.5	7.00	32.9	YES	4.6
15	1.4	192	268.8	12.3	7.00	34.8	YES	5.5
16	1.4	192	268.8	12.5	7.00	33.7	YES	4.8
17	1.4	192	268.8	12.0	7.00	35.4	YES	7.5
18	1.5	192	288.0	12.2	7.00	35.4	YES	10.6
19	1.2	192	230.4	12.6	7.00	32.7	YES	6
20	1.2	192	230.4	12.4	7.00	33.8	YES	3.3
21	1.3	192	249.6	12.6	7.00	33.1	YES	3.1
22	1.3	192	249.6	12.2	7.00	34.6	YES	4.3
23	1.2	192	230.4	11.8	7.00	35.1	YES	2.1
24	1.2	192	230.4	11.3	7.00	36.3	YES	3.3
25	1	192	192.0	13.9	7.00	29.3	YES	4.1
26	0.6	192	115.2	13.4	7.00	29.0	YES	4
27	0.7	192	134.4	13.7	7.10	29.8	YES	4.6
28	0.7	192	134.4	13.9	7.10	29.4	YES	6.5
29	0.7	192	134.4	14.1	7.10	29.0	YES	6.5
30	0.6	192	115.2	14.6	7.10	27.7	YES	4.8

<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 September 2016

Return by 10th of following month by email, fax, or mail to:

dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350