


OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson  
 Month/Year: May-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	Off	0.08	Off	Off	Off	0.12
2	Off	Off	0.07	Off	0.09	Off	0.11
3	Off	Off	0.10	Off	0.08	Off	0.12
4	Off	Off	Off	0.10	Off	Off	0.17
5	Off	Off	Off	0.08	Off	0.09	0.13
6	Off	Off	0.07	Off	Off	0.12	0.14
7	Off	Off	Off	0.09	Off	0.08	0.14
8	off	Off	Off	0.08	Off	0.09	0.14
9	Off	Off	0.11	Off	0.13	Off	0.13
10	Off	Off	Off	Off	0.07	0.07	0.16
11	0.08	Off	Off	0.08	0.10	0.09	0.11
12	Off	Off	Off	0.08	Off	0.09	0.17
13	Off	Off	0.21	Off	0.08	Off	0.21
14	0.07	Off	Off	0.08	Off	0.08	0.13
15	Off	Off	Off	0.09	Off	0.10	0.13
16	Off	Off	Off	0.11	0.09	0.09	0.13
17	0.13	Off	Off	0.12	Off	0.10	0.17
18	Off	Off	Off	0.09	Off	0.13	0.24
19	0.14	Off	Off	0.10	Off	Off	0.16
20	Off	Off	Off	0.08	Off	Off	0.13
21	Off	Off	Off	Off	Off	0.05	0.12
22	Off	Off	Off	0.07	Off	Off	0.11
23	Off	Off	Off	0.06	Off	0.06	0.23
24	Off	Off	Off	0.05	Off	Off	0.18
25	0.05	Off	Off	0.07	Off	Off	0.15
26	0.05	Ofg	Off	Off	0.05	0.09	0.12
27	Off	Off	0.07	Off	Off	0.10	0.17
28	0.11	Off	Off	0.08	Off	0.11	0.17
29	0.10	Off	Off	Off	0.08	0.10	0.13
30	0.11	Off	Off	0.06	0.08	0.09	0.18
31	0.10	Off	0.06	Off	0.05	0.04	0.14

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 <sup>2</sup> triggers	Yes / No		
		PRINTED NAME: Steve Lambert	
		SIGNATURE: 	06/07/2021
		PHONE #: (541) 774-6303	CERT #: N/A

correspond to continuous readings<sup>1</sup> maximum. <sup>2</sup> IFE = Individ. Filter Eff. (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: May-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	192	192.0	14.8	7.10	28.6	YES	4.5
2	1.1	192	211.2	14.8	7.10	29.0	YES	6.3
3	1.1	192	211.2	15.0	7.10	28.6	YES	6.8
4	1	192	192.0	15.1	7.10	28.1	YES	6.1
5	1	192	192.0	15.2	7.10	27.9	YES	5.5
6	1	192	192.0	15.7	7.10	27.0	YES	5.5
7	1.1	192	211.2	16.1	7.10	26.6	YES	3.8
8	1.1	192	211.2	16.7	7.10	25.5	YES	5.3
9	1	192	192.0	16.6	7.10	25.4	YES	4.1
10	0.9	192	172.8	16.3	7.10	25.6	YES	15
11	1	192	192.0	16.8	7.10	25.1	YES	10.1
12	1.6	192	307.2	17.0	7.10	26.5	YES	4.8
13	1.5	192	288.0	17.4	7.10	25.5	YES	6
14	1.5	192	288.0	17.9	7.10	24.6	YES	4
15	1.4	192	268.8	17.2	7.10	25.5	YES	11
16	1.8	192	345.6	17.5	7.10	26.2	YES	23.8
17	1.7	192	326.4	18.2	7.10	24.7	YES	4.6
18	1.7	192	326.4	18.3	7.10	24.6	YES	11.8
19	1.6	192	307.2	18.5	7.10	23.9	YES	6.8
20	1.5	192	288.0	18.2	7.10	24.2	YES	4.8
21	1	192	192.0	17.1	7.10	24.6	YES	5.5
22	1.3	192	249.6	17.7	7.10	24.4	YES	6
23	1.4	192	268.8	16.5	7.10	26.8	YES	6
24	1.4	192	268.8	16.7	7.10	26.4	YES	5.1
25	1.5	192	288.0	17.1	7.10	26.0	YES	6.1
26	1.5	192	288.0	17.7	7.10	25.0	YES	6.1
27	1.7	192	326.4	17.8	7.10	25.4	YES	4.3
28	1.7	192	326.4	18.1	7.10	24.9	YES	5.6
29	1.6	192	307.2	18.1	7.10	24.6	YES	8
30	1.6	192	307.2	18.2	7.10	24.4	YES	8
31	1.5	192	288.0	18.2	7.10	24.2	YES	11.5

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

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