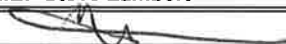


OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Jackson**  
 Month/Year: **Jun-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	0.04	Off	0.09	Off	0.05	Off	0.58
2	0.03	Off	Off	0.04	Off	0.04	0.80
3	0.03	Off	Off	0.05	0.08	Off	0.74
4	Off	Off	0.09	Off	Off	0.05	0.12
5	Off	0.05	Off	0.06	0.07	0.07	0.12
6	Off	Off	Off	Off	0.08	Off	0.10
7	Off	Off	Off	Off	Off	0.08	0.09
8	Off	0.06	Off	Off	0.04	Off	0.08
9	0.05	Off	Off	0.05	Off	Off	0.07
10	Off	Off	Off	0.07	Off	0.06	0.08
11	Off	Off	0.05	Off	Off	Off	0.07
12	0.05	0.05	Off	0.04	Off	0.06	0.08
13	Off	Off	Off	0.06	Off	0.04	0.10
14	0.06	Off	Off	0.09	Off	Off	0.09
15	0.07	Off	Off	Off	0.06	Off	0.09
16	0.07	Off	Off	Off	Off	0.05	0.09
17	Off	Off	0.05	Off	0.06	Off	0.09
18	Off	Off	0.07	Off	0.07	Off	0.10
19	Off	Off	Off	Off	0.07	Off	0.13
20	0.06	Off	Off	0.05	0.05	Off	0.12
21	Off	Off	Off	0.05	Off	0.05	0.31
22	Off	Off	Off	Off	0.05	Off	0.78
23	Off	Off	Off	Off	Off	Off	0.56
24	Off	Off	0.04	Off	0.05	Off	0.16
25	Off	Off	Off	Off	0.94	Off	0.99
26	0.03	Off	Off	Off	Off	Off	0.25
27	Off	0.06	Off	Off	0.04	0.04	0.24
28	0.03	Off	Off	0.04	Off	0.03	0.30
29	0.03	Off	Off	0.04	Off	Off	0.70
30	Off	0.04	Off	0.05	Off	Off	0.05

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
PRINTED NAME: <b>Steve Lambert</b>		SIGNATURE: 
PHONE #: (541) 774-6303		07/09/2021 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:	Jun-21	Disinfection <i>Giardia</i> Log Inactiv:	1
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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	18.4	7.10	23.8	YES	5
2	1.4	192	268.8	18.7	7.10	23.1	YES	5.6
3	1.4	192	268.8	19.4	7.10	22.0	YES	6.8
4	1.4	192	268.8	20.5	7.10	20.5	YES	5.3
5	1.3	192	249.6	20.8	7.10	19.8	YES	10.3
6	1.2	192	230.4	20.9	7.10	19.4	YES	7
7	1	192	192.0	20.6	7.10	19.4	YES	3.3
8	1	192	192.0	20.4	7.10	19.7	YES	4.6
9	0.9	192	172.8	20.1	7.10	19.8	YES	3.3
10	0.6	192	115.2	19.4	7.10	20.1	YES	4.1
11	0.6	192	115.2	19.1	7.10	20.5	YES	8.1
12	0.5	192	96.0	18.6	7.10	21.0	YES	10.1
13	0.3	192	57.6	18.1	7.10	21.2	YES	9.1
14	1.8	192	345.6	19.3	7.10	23.2	YES	4.3
15	0.8	192	153.6	19.3	7.10	20.7	YES	4.1
16	0.7	192	134.4	19.4	7.10	20.3	YES	4.5
17	0.6	192	115.2	19.2	7.10	20.4	YES	5.7
18	0.6	192	115.2	19.7	7.10	19.7	YES	5.8
19	0.5	192	96.0	20.3	7.10	18.7	YES	8.5
20	0.8	192	153.6	21.0	7.10	18.4	YES	5.8
21	0.4	192	76.8	21.2	7.10	17.4	YES	9.6
22	2	192	384.0	21.6	7.10	20.3	YES	3.8
23	1.7	192	326.4	22.0	7.10	19.1	YES	5.1
24	1.3	192	249.6	22.7	7.10	17.4	YES	14.1
25	1.4	192	268.8	22.6	7.10	17.7	YES	10.1
26	1.5	192	288.0	23.6	7.10	16.8	YES	10.1
27	1.8	192	345.6	24.3	7.10	16.5	YES	13.5
28	2	192	384.0	26.0	7.10	15.1	YES	11.6
29	1.8	192	345.6	24.3	7.10	16.5	YES	5
30	1.7	192	326.4	25.0	7.10	15.6	YES	7.1

<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