

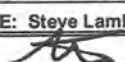
OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: Jul-21

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 ¹ [NTU]
1	off	off	0.06	off	off	off	0.12
2	0.07	0.05	0.05	off	off	0.06	0.15
3	0.04	off	off	0.06	0.06	off	0.11
4	0.07	off	off	0.06	0.06	off	0.09
5	0.07	off	off	0.05	off	0.07	0.12
6	off	off	0.06	0.05	off	0.06	0.12
7	off	off	off	0.05	off	off	0.11
8	0.06	off	off	0.07	off	0.04	0.09
9	0.06	off	0.05	off	0.07	off	0.11
10	0.06	off	off	off	0.04	off	0.13
11	off	off	off	0.05	off	0.04	0.09
12	off	off	off	off	off	off	off
13	off	off	off	off	off	off	off
14	off	off	off	off	off	off	off
15	off	off	off	off	off	off	off
16	off	off	off	off	off	off	off
17	off	off	off	off	off	off	off
18	off	off	off	off	off	off	off
19	off	off	off	off	off	off	off
20	off	off	off	off	off	off	off
21	off	off	off	off	off	off	off
22	off	off	off	off	off	off	off
23	off	off	off	off	off	off	off
24	off	off	off	off	off	off	off
25	off	off	off	off	off	off	off
26	off	off	off	off	off	off	off
27	off	off	off	off	off	off	off
28	off	off	off	off	off	off	off
29	off	off	off	off	off	off	off
30	off	off	off	off	off	off	off
31	off	off	off	off	off	off	off

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	Yes/No <input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? (see back)	Yes/No <input checked="" type="radio"/> Yes <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU?	Yes/No <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l?	Yes/No <input checked="" type="radio"/> Yes <input type="radio"/> No
All turbidity readings < IFE ² triggers	Yes/No <input checked="" type="radio"/> Yes <input type="radio"/> No	PRINTED NAME: Steve Lambert SIGNATURE:  PHONE #: (541) 774-6303	
Switched to groundwater well 8/12		8/10/21 CERT #: N/A	

correspond to continuous readings' maximum. ² 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:	7/1/221	Disinfection <i>Giardia</i> Log Inactiv:	1
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1	1.7	192	326.4	25.2	7.10	15.4	YES	11.1
2	1.7	192	326.4	25.1	7.10	15.5	YES	14.6
3	1.7	192	326.4	25.4	7.10	15.2	YES	14.5
4	1.6	192	307.2	25.7	7.10	14.7	YES	8.8
5	1.5	192	288.0	26.3	7.10	13.9	YES	6.8
6	1.4	192	268.8	26.0	7.10	14.1	YES	4.6
7	1.3	192	249.6	25.8	7.10	14.1	YES	6.5
8	1.2	192	230.4	27.3	7.10	12.6	YES	7.3
9	1.2	192	230.4	26.3	7.10	13.5	YES	4.8
10	1.1	192	211.2	25.9	7.10	13.7	YES	7.5
11	1	192	192.0	26.6	7.10	12.9	YES	5.6
12	1	192	192.0	26.4	7.10	13.0	YES	11
13		192					NO	
14		192					NO	
15		192					NO	
16		192					NO	
17		192					NO	
18		192					NO	
19		192					NO	
20		192					NO	
21		192					NO	
22		192					NO	
23		192					NO	
24		192					NO	
25		192					NO	
26		192					NO	
27		192					NO	
28		192					NO	
29		192					NO	
30		192					NO	
31		192					NO	

³ If Cl₂ 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
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