

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

County: JACKSON
 Month/Year: JAN 2022

System Name: Emigrant Lake WTP ID#: 4190730 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/							
2/							
3/							
4/							
5/							
6/							
7/							
8/							
9/							
10/							
11/							
12/							
13/							
14/							
15/							
16/							
17/							
18/							
19/							
20/							
21/							
22/							
23/							
24/							
25/							
26/				.133	.101	.094	.150
27/	.097	.102	.100	.104	.294	OFF	.306
28/	OFF	OFF	OFF	.098	.125	OFF	.270
29/	OFF	OFF	OFF	OFF	OFF	OFF	OFF
30/	OFF	OFF	OFF	OFF	OFF	OFF	OFF
31/	OFF	OFF	OFF	.046	.116	.080	.999

Conventional or Direct Filtration 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 ² triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No	
Notes: 1/27/22 All NTU > .300 to waste 1/31/22 .999 start spike		PRINTED NAME: <i>Dustin Stafford</i> SIGNATURE: <i>(Signature)</i> DATE: 2/9/22 PHONE #: (541) 774-8183 CERT #:	

¹ 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. ² IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP -: 41907 WTP-A

System Name: Emigrant Lake WTP

Month/Year: 01/2022

Disinfection Giardia Log Inactiv:

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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/		192						
2/		192						
3/		192						
4/		192						
5/		192						
6/		192						
7/		192						
8/		192						
9/		192						
10/		192						
11/		192						
12/		192						
13/		192						
14/		192						
15/		192						
16/		192						
17/		192						
18/		192						
19/		192						
20/		192						
21/		192						
22/		192						
23/		192						
24/		192						
25/		192						
26/	0.4	192	115.2	8.6	7.0	48	Y	2.0
27/	0.6	192	115.2	8.4	7.0	48	Y	1.3
28/	0.6	192	115.2	8.6	7.0	48	Y	2.1
29/	0.4	192	115.2	8.4	7.0	48	Y	1.6
30/	0.5	192	96	8.8	7.1	57	Y	1.6
31/	0.5	192	96	8.2	7.2	57	Y	2.5

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