

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: JACKSON

Conventional or Direct Filtration

Month/Year: Dec 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/	OFF	OFF	OFF	OFF	OFF	OFF	.178
2/	.045	OFF	OFF	OFF	.067	OFF	.113
3/	OFF	OFF	.070	OFF	OFF	.063	.278
4/	OFF	OFF	OFF	.069	OFF	OFF	.333
5/	OFF	OFF	OFF	OFF	.071	OFF	.271
6/	OFF	OFF	.127	OFF	OFF	.069	.425
7/	OFF	OFF	OFF	OFF	OFF	OFF	.849
8/	.102	OFF	OFF	OFF	.081	OFF	.221
9/	OFF	OFF	OFF	OFF	OFF	.059	.353
10/	OFF	OFF	OFF	.064	OFF	OFF	.248
11/	OFF	.083	OFF	OFF	.123	OFF	.123
12/	OFF	OFF	.063	OFF	OFF	OFF	.106
13/	.076	OFF	OFF	OFF	OFF	OFF	.447
14/	OFF	.062	OFF	.070	.057	.076	.448
15/	.071	.067	OFF	OFF	OFF	OFF	.104
16/	OFF	.093	OFF	OFF	OFF	.065	.307
17/	OFF	OFF	.074	OFF	OFF	.080	.308
18/	OFF	OFF	.070	OFF	OFF	OFF	.314
19/	.066	OFF	OFF	OFF	OFF	.062	.164
20/	OFF	OFF	.063	OFF	OFF	.077	.175
21/	OFF	OFF	.069	OFF	OFF	.123	.182
22/	OFF	OFF	.070	OFF	OFF	.091	.164
23/	OFF	OFF	.066	OFF	OFF	OFF	.228
24/	OFF	OFF	.160	OFF	OFF	OFF	.167
25/	OFF	OFF	.097	OFF	OFF	.192	.197
26/	OFF	OFF	OFF	OFF	OFF	.146	.261
27/	.146	OFF	.190	OFF	.109	.111	.235
28/	.072	OFF	.061	OFF	OFF	OFF	.162
29/	OFF	OFF	OFF	OFF	OFF	OFF	.374
30/	OFF	OFF	OFF	OFF	OFF	OFF	.148
31/	.066	OFF	OFF	OFF	OFF	OFF	.123

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) Yes/No	All Cl2 residual at entry point ≥ 0.2 mg/l? Yes/No
All 4-hour turbidity readings ≤ 1 NTU? Yes/No		
All turbidity readings < IFE ² triggers Yes/No		
Notes: NTU > 2.00 are start spike, All NTU > 3.00 to WASTE	PRINTED NAME: Dustin Stafford	DATE: 1/10/23
	SIGNATURE: [Signature]	CERT #:
	PHONE #: (541) 774-8183	

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 - :

WTP-A

System Name: Emigrant Lake WTP

Month/Year: Dec 2022

Disinfection Giardia Log Inactiv:

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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1/	1.0	192	192	9.2	7.1	60	Y	2.1
2/	1.0	192	192	9.0	7.1	60	Y	1.3
3/	1.0	192	192	8.8	7.1	60	Y	1
4/	.9	192	172.8	9.0	7.1	60	Y	2
5/	.9	192	172.8	8.9	7.1	60	Y	2.6
6/	1.0	192	192	8.7	7.1	60	Y	6.5
7/	1.0	192	192	8.8	7.1	60	Y	1.5
8/	1.0	192	192	8.0	7.1	60	Y	1.3
9/	1.0	192	192	7.6	7.1	60	Y	2.1
10/	1.0	192	192	7.7	7.1	60	Y	1.3
11/	1.0	192	192	7.6	7.1	60	Y	2.1
12/	1.1	192	211.2	7.6	7.1	61	Y	1.5
13/	1.1	192	211.2	7.4	7.1	61	Y	1.5
14/	1.1	192	211.2	7.2	7.1	61	Y	1
15/	1.1	192	211.2	7.5	7.1	61	Y	1.5
16/	1.1	192	211.2	7.0	7.1	61	Y	1.3
17/	1.0	192	192	6.6	7.1	60	Y	1.6
18/	1.1	192	211.2	6.5	7.1	61	Y	2.5
19/	1.0	192	192	6.6	7.1	60	Y	3.3
20/	1.0	192	192	6.6	7.1	60	Y	2.5
21/	0.9	192	172.8	6.8	7.1	60	Y	2.3
22/	0.9	192	172.8	7.1	7.1	60	Y	2.5
23/	0.9	192	172.8	7.1	7.1	60	Y	3.5
24/	0.9	192	172.8	7.5	7.1	60	Y	2
25/	0.8	192	153.6	7.9	7.1	58	Y	3.5
26/	0.8	192	153.6	8.2	7.1	58	Y	2.3
27/	0.8	192	153.6	8.2	7.1	58	Y	2
28/	0.8	192	153.6	8.4	7.1	58	Y	2.5
29/	0.8	192	153.6	8.7	7.1	58	Y	1.6
30/	0.8	192	153.6	8.7	7.1	58	Y	2.1
31/	0.8	192	153.6	8.6	7.1	58	Y	1.6

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