

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: JACKSON

Conventional or Direct Filtration

Month/Year: Mar. 2023

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 <sup>1</sup> [NTU]	
1/	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
2/	OFF	OFF	OFF	OFF	OFF	OFF	.047	
3/	OFF	OFF	.059	OFF	OFF	OFF	.166	
4/	OFF	OFF	OFF	.037	OFF	OFF	.079	
5/	OFF	OFF	OFF	.042	OFF	OFF	.072	
6/	OFF	OFF	OFF	OFF	.049	OFF	.089	
7/	OFF	OFF	OFF	.054	OFF	OFF	.068	
8/	OFF	OFF	OFF	.044	OFF	OFF	.049	
9/	OFF	OFF	OFF	OFF	OFF	OFF	.072	
10/	OFF	OFF	OFF	OFF	OFF	OFF	.042	
11/	OFF	OFF	OFF	OFF	OFF	OFF	.094	
12/	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
13/	OFF	OFF	OFF	OFF	.041	OFF	1.006	
14/	OFF	OFF	OFF	OFF	OFF	OFF	1.000	
15/	.040	OFF	OFF	OFF	OFF	OFF	0.999	
16/	.066	OFF	OFF	OFF	.082	OFF	1.006	
17/	OFF	OFF	OFF	OFF	OFF	OFF	.962	
18/	OFF	OFF	OFF	OFF	OFF	OFF	1.000	
19/	OFF	OFF	OFF	OFF	.073	OFF	1.007	
20/	OFF	OFF	OFF	OFF	OFF	OFF	off	
21/	OFF	OFF	OFF	.065	OFF	OFF	1.006	
22/	OFF	OFF	OFF	OFF	OFF	OFF	1.006	
23/	OFF	OFF	.063	off	off	off	1.007	
24/	off	off	off	off	off	off	1.006	
25/	1.006	off	off	off	off	off	1.006	
26/	off	off	off	OFF	.070	OFF	1.006	
27/	OFF	OFF	OFF	.069	.052	OFF	.175	
28/	OFF	OFF	OFF	.860	.061	OFF	.866	
29/	OFF	OFF	OFF	.079	OFF	OFF	.957	
30/	OFF	OFF	OFF	.055	OFF	OFF	.957	
31/	OFF	OFF	OFF	.075	off	off	1.003	

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	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
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		
Notes: start spike 3/2, 3/13, 3/14, 3/15, 3/16 - 3/31 Cl2 spike clear well, Flushing all lines before season starts.	PRINTED NAME: Dustin Stafford	DATE: 4/4/23
	SIGNATURE:	CERT #:
	PHONE #: (541) 774-8183	

<sup>1</sup> 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. <sup>2</sup> 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: March 2023

Disinfection Giardia  
Log Inactiv:

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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[°C]		formula	Yes / No	[GPM]
1/	1.1	192	211.2	7.3	7.1	61	Y	1.8
2/	1.1	192	211.2	6.9	7.1	61	Y	3.1
3/	1.1	192	211.2	6.8	7.1	61	Y	1.1
4/	1.2	192	230.4	6.6	7.1	61	Y	2.5
5/	1.1	192	211.2	6.3	7.1	61	Y	1.5
6/	1.1	192	211.2	6.2	7.1	61	Y	8.8
7/	1.0	192	192	6.2	7.1	60	Y	4.1
8/	1.0	192	192	6.3	7.1	60	Y	1.3
9/	.9	192	172.8	6.6	7.1	60	Y	1.3
10/	.9	192	172.8	6.7	7.1	60	Y	1.0
11/	.9	192	172.8	7.1	7.1	60	Y	2.0
12/	.7	192	134.4	8.0	7.1	58	Y	2.5
13/	.8	192	153.6	7.4	7.1	58	Y	0.7
14/	.8	192	153.6	7.6	7.1	58	Y	0.8
15/	.8	192	153.6	7.1	7.1	58	Y	1.8
16/	.6	192	115.2	8.1	7.1	57	Y	1.3
17/	.6	192	115.2	8.5	7.1	57	Y	3.0
18/	.6	192	115.2	8.1	7.1	57	Y	2.0
19/	.6	192	115.2	8.5	7.1	57	Y	1.6
20/	.6	192	115.2	8.4	7.1	57	Y	1.0
21/	.6	192	115.2	8.7	7.1	57	Y	3.5
22/	.6	192	115.2	8.2	7.1	57	Y	0.8
23/	.5	192	96	8.4	7.1	57	Y	0.8
24/	.5	192	96	8.7	7.2	57	Y	0.8
25/	.4	192	76.8	9.9	7.1	55	Y	1.2
26/	.4	192	76.8	9.4	7.1	55	Y	1.5
27/	2.2	192	422.4	8.7	7.1	68	Y	29.5
28/	.8	192	153.6	8.4	7.1	58	Y	11.1
29/	.7	192	134.4	8.4	7.1	58	Y	15.6
30/	.7	192	134.4	8.2	7.1	58	Y	2.0
31/	.7	192	134.4	8.3	7.1	58	Y	3.0

<sup>3</sup> If Cl<sub>2</sub> 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