


OHA - Drinking Water Program – Turbidity Monitoring Report Form

System Name: JACKSON CO PKS EMIGRANT LAKE **ID #:** 4190730 **WTP-:** A **Month/Year:** Sep 2023

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day (NTU)
1	.068	.068	off	.129	off	off	.299
2	off	off	off	off	off	off	.299
3	.069	off	off	.068	off	.071	.299
4	off	off	off	.057	off	off	.299
5	off	.048	off	off	.059	off	.299
6	off	off	off	off	.059	off	.299
7	off	off	off	off	off	off	.299
8	.056	off	off	off	off	off	.299
9	.056	off	off	.060	off	off	.299
10	off	off	off	.059	off	off	.299
11	off	off	.060	off	off	.059	.299
12	off	off	off	off	off	.057	.299
13	off	off	off	off	off	.056	.299
14	off	off	off	off	off	.061	.299
15	off	off	off	.060	off	off	.299
16	off	off	off	.060	.061	.058	.299
17	.058	.058	.058	.063	off	off	.299
18	off	off	off	.064	off	off	.299
19	off	off	off	off	off	off	.234
20	off	.066	off	off	.060	off	.182
21	off	.063	off	off	.071	off	.151
22	off	.084	off	off	.070	off	.144
23	off	off	off	.092	off	off	.163
24	.096	off	off	.068	off	off	.105
25	off	off	off	.073	off	off	.122
26	off	.081	off	off	.080	off	.191
27	off	off	off	off	off	.079	.239
28	off	off	off	.071	off	.074	.267
29	off	off	.078	off	off	.199	.299
30	off	off	.080	off	off	.074	.299
31	-	-	-	-	-	-	-

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of the 4-hour turbidity readings ≤ 0.3 NTU?	Yes/No	CT's met every day? (see back)	All Cl ₂ residuals at entry point ≥ 0.2 mg/l?
All the 4-hour turbidity readings ≤ 1 NTU?	Yes/No	Yes/No	Yes/No
All turbidity readings < IFE ² triggers?	Yes/No ²		
Notes: all NTU above .300 to waste		PRINTED NAME: Dustin Stafford	
		SIGNATURE: 	DATE: 10/1/23
		PHONE #: (541) 774-8183	CERT #:

¹ Including continuous turbidity 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. (OAR 333-061-0040(1)(e)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :

WTP-A

System Name: Emigrant Lake WTP

Month/Year: Sept 2023

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/	2.2	192	422.4	22.1	7.1	24	Y	4.6
2/	1.9	192	364.8	21.4	7.1	25	Y	3.2
3/	1.9	192	364.8	21.5	7.1	25	Y	7.8
4/	1.1	192	211.2	21.5	7.1	23	Y	3.5
5/	1.3	192	249.6	21.4	7.1	23	Y	5.1
6/	1.5	192	288	21.3	7.1	24	Y	4.3
7/	1.5	192	288	21.6	7.1	24	Y	4.3
8/	1.4	192	268.8	21.7	7.1	23	Y	3
9/	1.5	192	288	21.6	7.1	24	Y	3.6
10/	1.4	192	268.8	22.0	7.1	23	Y	6.1
11/	1.4	192	268.8	21.9	7.1	23	Y	3.6
12/	1.3	192	249.6	21.9	7.1	23	Y	2.6
13/	1.3	192	249.6	22.0	7.1	23	Y	3.3
14/	1.3	192	249.6	21.6	7.1	23	Y	3.8
15/	1.3	192	249.6	22.1	7.1	23	Y	4
16/	1.4	192	268.8	22.2	7.1	23	Y	4.5
17/	1.4	192	268.8	22.1	7.1	23	Y	5.1
18/	1.4	192	268.8	22.3	7.1	23	Y	6.1
19/	1.5	192	288	22.0	7.1	23	Y	2.3
20/	1.6	192	307.2	21.4	7.1	24	Y	2.3
21/	1.6	192	307.2	21.2	7.1	24	Y	3.3
22/	1.5	192	288	20.9	7.1	23	Y	3.5
23/	1.5	192	288	20.7	7.1	23	Y	3.3
24/	1.4	192	268.8	20.1	7.1	23	Y	6.6
25/	1.3	192	249.6	20.2	7.2	23	Y	2.3
26/	1.3	192	249.6	20.0	7.2	23	Y	2.5
27/	1.2	192	230.4	19.7	7.2	21	Y	4.8
28/	1.1	192	211.2	18.8	7.2	21	Y	3.5
29/	1.2	192	230.4	18.6	7.1	21	Y	6.3
30/	1.3	192	249.6	18.3	7.1	23	Y	5
31/	-	192	-	-	-	-	-	-

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