


OHA - Drinking Water Program – Turbidity Monitoring Report Form

System Name: JACKSON CO PKS EMIGRANT LAKE **ID #:** 4190730 **WTP-:** A **Month/Year:** Nov. 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	off	off	off	off	off	off	.299
2	.054	off	off	off	.062	off	.299
3	off	off	off	.062	off	off	.299
4	off	off	off	off	off	.060	.299
5	off	off	off	off	off	off	.299
6	off	.054	off	off	off	.059	.299
7	off	off	off	off	off	off	.299
8	off	off	.055	off	off	off	.299
9	.060	off	off	off	.058	off	.138
10	off	off	.052	.055	.057	.057	.221
11	.057	off	off	off	off	off	.299
12	off	off	off	.063	off	off	.299
13	off	off	off	off	.064	off	.299
14	off	off	off	off	off	off	off
15	off	off	off	off	off	.088	.299
16	.052	off	.054	off	off	off	.074
17	off	off	off	.058	off	off	.299
18	off	off	off	off	.067	off	.287
19	off	off	off	off	off	.055	.299
20	off	off	off	off	off	off	.253
21	off	off	off	.056	off	off	.267
22	off	off	off	.046	off	off	.299
23	off	off	off	off	off	off	.299
24	off	off	off	off	off	off	.299
25	off	off	.059	off	off	off	.273
26	off	off	off	.063	off	off	.299
27	off	off	off	off	off	off	.287
28	off	off	off	off	off	off	off
29	off	off	off	off	off	off	.254
30	off	off	off	off	off	off	.299
31	—	—	—	—	—	—	—

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)		
95% of the 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	All the 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 ²	CT's met every day? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Notes: All NTU ≥ .300 to waste 11/10/23 mainline leak. 11/21/23 flush flowmeter		PRINTED NAME: Dustin Stafford	SIGNATURE: 	DATE: 12/1/23
		PHONE #: (541) 774-8183	CERT #:	

¹ Including continuous turbidity date, 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: Nov 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/	1.0	192	192	14.2	7.0	37	Y	2
2/	0.9	192	172.8	14.1	7.0	37	Y	1
3/	0.9	192	172.8	14.2	7.0	37	Y	1.1
4/	1.1	192	211.2	14.0	7.0	38	Y	1.7
5/	1.1	192	211.2	13.8	7.0	38	Y	1.5
6/	1.2	192	230.4	14.4	7.0	38	Y	1.3
7/	1.3	192	249.6	14.2	7.0	39	Y	1.3
8/	1.3	192	249.6	14.0	7.0	39	Y	2
9/	1.0	192	192	13.4	7.0	37	Y	4.5
10/	1.0	192	192	13.2	7.0	37	Y	1.39
11/	1.4	192	268.8	14.0	7.1	47	Y	1
12/	1.3	192	249.6	13.5	7.1	47	Y	1.6
13/	1.3	192	249.6	13.7	7.1	47	Y	1.3
14/	1.2	192	230.4	13.4	7.1	46	Y	0.8
15/	1.2	192	230.4	13.5	7.1	46	Y	4.6
16/	1.2	192	230.4	13.1	7.1	46	Y	4.1
17/	1.2	192	230.4	13.3	7.1	46	Y	1.8
18/	1.1	192	211.2	13.2	7.1	46	Y	1.1
19/	1.1	192	211.2	12.6	7.1	46	Y	0.3
20/	1.0	192	192	11.9	7.1	45	Y	1.5
21/	1.0	192	192	11.7	7.1	45	Y	34.3
22/	1.0	192	192	11.9	7.1	45	Y	1.6
23/	1.0	192	192	12.3	7.1	45	Y	1
24/	.9	192	172.8	11.4	7.1	45	Y	1.6
25/	.8	192	153.6	11.0	7.1	44	Y	1.3
26/	.8	192	153.6	11.1	7.1	44	Y	1.6
27/	.9	192	172.8	11.3	7.1	45	Y	1.8
28/	.9	192	172.8	11.3	7.1	45	Y	1.6
29/	.8	192	153.6	11.1	7.1	44	Y	1.3
30/	.8	192	153.6	11.1	7.1	44	Y	3
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