

OHA - Drinking Water Program – Turbidity Monitoring Report Form

System Name: JACKSON CO PKS EMIGRANT LAKE **ID #:** 4190730 **WTP-:** A **Month/Year:** *Sept 2024*

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	.044	off	.041	.041	off	.043	.299
2	off	.053	off	.041	.042	.042	.299
3	off	.041	off	.041	off	off	.299
4	off	.040	.041	off	off	.042	.299
5	.038	off	.040	.050	off	.041	.299
6	.044	.041	off	off	.043	off	.299
7	.049	off	.043	off	.057	off	.299
8	.042	off	.042	off	off	.043	.299
9	off	.041	.031	.037	.037	off	.299
10	.037	off	off	.037	.037	.037	.299
11	off	.037	.037	.037	off	.037	.299
12	.037	off	.037	.046	off	off	.299
13	off	.049	off	.044	off	.050	.299
14	off	.044	off	.044	off	.045	.299
15	off	.045	off	off	.048	off	.299
16	off	.044	.040	.043	off	.043	.299
17	.044	off	.044	.044	off	off	.299
18	off	.045	off	.046	.048	off	.299
19	.048	.044	off	off	.045	off	.299
20	.044	off	off	.044	.045	.044	.299
21	.049	off	.048	off	.046	off	.299
22	.044	off	.048	off	.045	off	.299
23	off	.044	off	.046	off	.046	.299
24	off	.046	off	.047	.048	off	.299
25	.047	off	.049	off	.049	off	.299
26	.046	off	.046	off	off	.043	.299
27	.044	.045	off	.045	.048	.044	.299
28	.047	off	off	off	off	off	.299
29	.052	off	off	off	.047	off	.299
30	off	off	.043	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 9/26 main line break (spontan plumbing repaired)	PRINTED NAME: <i>Justin Stafford</i>	
	SIGNATURE: <i>[Signature]</i>	DATE: <i>10/5/24</i>
	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 2024

Disinfection Giardia Log Inactiv:

1

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/	0.9	192	172.8	24.1	7.2	22	Y	5
2/	0.7	192	134.4	23.6	7.2	22	Y	4.5
3/	0.5	192	96	23.8	7.2	21	Y	4.1
4/	0.6	192	115.2	23.9	7.2	21	Y	5
5/	0.7	192	134.4	24.0	7.2	22	Y	4.5
6/	0.6	192	115.2	24.1	7.2	21	Y	6.2
7/	0.7	192	134.4	24.5	7.2	22	Y	3.7
8/	0.6	192	115.2	24.6	7.2	21	Y	4.5
9/	0.6	192	115.2	24.5	7.1	21	Y	5.4
10/	0.5	192	96	24.3	7.1	21	Y	5
11/	0.5	192	96	24.2	7.1	21	Y	6.6
12/	0.5	192	96	23.4	7.1	21	Y	5.8
13/	0.5	192	96	22.9	7.1	21	Y	5
14/	0.6	192	115.2	22.7	7.1	21	Y	4.5
15/	0.5	192	96	23.0	7.1	21	Y	4.5
16/	0.6	192	115.2	22.4	7.1	21	Y	5
17/	0.6	192	115.2	21.9	7.1	21	Y	4.5
18/	0.8	192	153.6	21.6	7.1	22	Y	4.5
19/	0.9	192	172.8	21.0	7.1	22	Y	5
20/	1.0	192	192	21.1	7.1	22	Y	7.5
21/	1.0	192	192	20.7	7.1	22	Y	5.8
22/	1.0	192	192	20.8	7.1	22	Y	5
23/	1.1	192	211.2	20.8	7.1	23	Y	5
24/	1.1	192	211.2	20.8	7.1	23	Y	4.5
25/	1.2	192	230.4	20.9	7.1	23	Y	37
26/	1.4	192	268.8	20.1	7.1	23	Y	5.8
27/	1.3	192	249.6	20.9	7.1	23	Y	2.5
28/	1.3	192	249.6	20.6	7.1	23	Y	1.6
29/	1.2	192	230.4	20.2	7.1	23	Y	4.5
30/	1.1	192	211.2	20.1	7.1	23	Y	1.2
31/	—	192	—	—	—	—	Y	—

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