

OHA - Drinking Water Services – Turbidity Monitoring Report
Conventional or Direct Filtration

County:

Name: *Emigrant LK WTP*

ID #41: *90730*

WTP-: *A*

Month/Year: *Aug 2025*

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	.053	off	.054	.165
2	off	off	.138	off	off	off	.138
3	off	off	off	.053	off	.054	.118
4	off	off	off	.053	off	off	.135
5	off	off	off	off	off	.051	.175
6	off	off	.050	off	off	off	.159
7	off	off	off	off	.053	off	.138
8	.053	off	off	off	.050	off	.134
9	off	off	.053	.064	off	.051	.128
10	off	off	.052	.053	off	off	.138
11	off	off	off	.051	off	.053	.198
12	off	off	off	off	.053	off	.153
13	off	off	.060	off	off	off	.175
14	.053	off	off	.049	off	.050	.146
15	off	off	.047	off	.121	off	.123
16	.049	off	off	.050	.058	off	.143
17	off	off	.052	off	off	off	.147
18	off	off	off	off	.049	.051	.192
19	off	.049	off	.050	off	.053	.299
20	off	off	off	off	off	off	.177
21	.050	off	off	off	off	off	.145
22	off	.049	off	.047	off	.050	.142
23	off	off	off	off	off	.048	.113
24	off	off	off	off	.053	off	.121
25	off	off	.053	.046	off	off	.149
26	off	off	off	off	off	off	.235
27	off	off	.047	off	off	off	.299
28	off	.049	off	off	off	off	.224
29	.050	off	off	off	off	off	.251
30	off	off	off	.050	off	off	.238
31	off	off	off	.049	off	.049	.299

Conventional or Direct Filtration Monthly Summary 95% of the 4-hour turbidity readings ≤ 0.3 NTU? <i>Yes / No</i> All the 4-hour turbidity readings ≤ 1 NTU? <i>Yes / No</i> All turbidity readings < IFE ² triggers? <i>Yes / No</i> Notes: <i>All NTU > .300 to waste</i> <i>All NTU > .100 start spike</i>		Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <i>Yes / No</i> All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <i>Yes / No</i> PRINTED NAME: <i>Dustin Stafford</i> SIGNATURE: <i>[Signature]</i> DATE: <i>9/5/25</i> PHONE #: <i>(541) 621 1554</i> CERT #:	
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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)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form - Giardia Inactivation

Name: Emigrant Lk WTP

ID #41:90730 WTP-: A Month/Year: Aug 2025

Log Requirement (Circle One): 0.5 (1.0)

Date / Time	Minimum Cl ₂ Residual at 1 st 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]		Use tables	Yes / No	[GPM]
1 /	.8	192	153.6	23.2	7.1	15	Y	6.6
2 /	.8	192	153.6	23.1	7.1	15	Y	6.6
3 /	.6	192	115.2	22.3	7.1	14	Y	8.6
4 /	.6	192	115.2	22.5	7.1	14	Y	5.0
5 /	.6	192	115.2	22.3	7.1	14	Y	9.5
6 /	.6	192	115.2	22.3	7.1	14	Y	6.3
7 /	.6	192	115.2	22.5	7.1	14	Y	11.0
8 /	.6	192	115.2	22.6	7.1	14	Y	5.8
9 /	.6	192	115.2	22.8	7.1	14	Y	6.1
10 /	.6	192	115.2	22.7	7.1	14	Y	7.8
11 /	.4	192	76.8	23.2	7.1	14	Y	3.8
12 /	.7	192	134.4	23.4	7.1	14	Y	5.8
13 /	1.0	192	192	23.5	7.1	15	Y	4.0
14 /	1.0	192	192	23.8	7.1	15	Y	10.3
15 /	.9	192	172.8	23.7	7.1	15	Y	6.1
16 /	.8	192	153.6	24.0	7.1	15	Y	7.1
17 /	.6	192	115.2	23.1	7.1	14	Y	2.8
18 /	.5	192	96	22.9	7.1	14	Y	11.3
19 /	.5	192	96	23.0	7.1	14	Y	4.3
20 /	.5	192	96	23.2	7.1	14	Y	3.8
21 /	.5	192	96	23.7	7.1	14	Y	4.5
22 /	.5	192	96	23.7	7.1	14	Y	4.0
23 /	.5	192	96	23.9	7.1	14	Y	5.8
24 /	.5	192	96	24.1	7.1	14	Y	5.1
25 /	.5	192	96	24.4	7.1	14	Y	19.3
26 /	.5	192	96	24.4	7.1	14	Y	7.0
27 /	.5	192	96	24.5	7.1	14	Y	5.5
28 /	.8	192	153.6	24.6	7.1	15	Y	4.8
29 /	.7	192	134.4	24.8	7.1	14	Y	4.1
30 /	.4	192	76.8	25.1	7.1	14	Y	6.5
31 /	.8	192	153.6	25.0	7.1	15	Y	6.0

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours

Revised November 2022

Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf

Return by 10th of following month by email, fax, or mail to:

dwp.dmce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350