OHA - Drinking Water Program – Turbidity Monitoring Report Form

System Name: JACKSON CO PKS EMIGRANT LAKE **ID #:** 4190730 **WTP-:** A **Month/Year:** Nov 2025

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	.024	off	.022	off	.109
2	off	off	off	off	off	off	.047
3	off	off	off	.025	.022	.024	.145
4	off	off	off	off	off	off	.050
5	off	off	off	off	off	.022	.117
6	off	off	off	off	.025	off	.053
7	off	off	off	off	off	off	.053
8	off	.025	off	off	off	off	.053
9	off	off	.022	off	.024	off	.060
10	.021	off	off	off	.021	off	.046
11	off	off	off	.022	off	.020	.052
12	off	.045	off	off	off	off	.054
13	.021	off	off	off	off	.020	.046
14	off	.043	off	off	off	off	.045
15	.020	off	off	off	.022	off	.046
16	off	off	off	.021	off	off	.053
17	off	off	.021	off	off	off	.057
18	off	off	off	off	.020	off	.043
19	off	off	off	off	off	off	.042
20	.021	off	off	.020	off	off	.041
21	off	off	off	.018	off	off	.123
22	off	off	off	off	.022	off	.042
23	off	.018	off	off	off	off	.041
24	off	off	off	.018	off	off	.042
25	off	off	off	off	.024	off	.042
26	off	off	.020	off	off	off	.045
27	off	off	off	off	off	.035	.043
28	off	off	off	.020	off	off	.042
29	off	off	off	off	off	off	.049
30	.020	off	off	off	off	off	.041
31	—	—	—	—	—	—	—

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of the 4-hour turbidity readings ≤ 0.3 NTU? (Yes) / No All the 4-hour turbidity readings ≤ 1 NTU? (Yes) / No All turbidity readings < IFE[2] triggers? (Yes) / No [2]	CT's met every day? (see back) (Yes) / No	All Cl_2 residuals at entry point ≥ 0.2 mg/l? (Yes) / No
Notes: all NTU 7.300 to WASTE. all NTU 7.100 is start spike	**PRINTED NAME:** Dustin Stafford **SIGNATURE:** [signature] **DATE:** 12/4/25 **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
Disinfection *Giardia* Log Inactiv:	1

System Name: Emigrant Lake WTP **Month/Year:** Nov 2025

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/	.5	192	96	13.6	7.0	24	Y	7.3
2/	.6	192	115.2	13.9	7.0	24	Y	8.6
3/	.5	192	96	14.1	7.0	24	Y	6.3
4/	.5	192	96	14.3	7.0	24	Y	3.6
5/	.5	192	96	14.1	7.0	24	Y	2.5
6/	.6	192	115.2	14.2	7.0	24	Y	3.1
7/	.6	192	115.2	14.0	7.0	24	Y	5.5
8/	.7	192	134.4	14.0	7.0	24	Y	4.5
9/	.6	192	115.2	14.2	7.0	24	Y	4.6
10/	.6	192	115.2	14.0	7.0	24	Y	5.3
11/	.6	192	115.2	14.2	7.0	24	Y	2.6
12/	.6	192	115.2	14.1	7.0	24	Y	3.1
13/	.5	192	96	14.2	7.0	24	Y	3
14/	.7	192	134.4	14.3	7.0	24	Y	3.1
15/	.8	192	153.6	14.0	7.0	24	Y	9.3
16/	.8	192	153.6	13.8	7.0	24	Y	4.1
17/	.8	192	153.6	13.8	7.0	24	Y	3.6
18/	.8	192	153.6	13.5	7.0	24	Y	2.3
19/	.8	192	153.6	13.4	7.0	24	Y	4.5
20/	1.1	192	211.2	12.9	7.0	25	Y	3.5
21/	1.1	192	211.2	12.4	7.0	25	Y	2.5
22/	1.1	192	211.2	12.0	7.0	25	Y	2.5
23/	1.1	192	211.2	11.9	7.0	25	Y	2.3
24/	1.1	192	211.2	12.0	7.0	25	Y	2
25/	1.2	192	230.4	11.7	7.0	25	Y	2.6
26/	1.3	192	249.6	11.5	7.0	26	Y	5.6
27/	1.3	192	249.6	11.2	7.0	26	Y	2.3
28/	1.3	192	249.6	11.0	7.0	26	Y	3.1
29/	1.3	192	249.6	11.0	7.0	24	Y	3.5
30/	1.3	192	249.6	10.9	7.0	26	Y	3.8
~~31/~~	–	192	–	–	–	–	–	–

[3] If Cl_2 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