

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

County:

Name: Emigrant WK WTP ID #41: 90730 WTP-: A Month/Year: Dec 2025

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1	off	off	off	off	off	off	.299
2	off	off	off	off	off	.018	.196
3	off	off	off	.021	off	off	.050
4	off	.020	off	off	off	.021	.299
5	off	off	off	off	off	off	.299
6	off	off	off	off	off	.022	.113
7	off	.020	off	off	off	.021	.299
8	off	off	off	.024	off	off	.299
9	off	off	off	off	off	off	.107
10	off	off	off	off	off	off	.299
11	off	off	.021	off	off	off	.120
12	off	off	.023	off	off	off	.039
13	off	off	off	off	off	.023	.251
14	off	off	off	.023	off	off	.126
15	off	off	off	off	off	off	.225
16	off	off	off	off	off	off	.064
17	off	off	.021	off	off	off	.299
18	.064	off	off	off	off	off	.299
19	off	off	off	off	off	off	.124
20	off	.020	off	off	off	.024	.125
21	off	off	off	.018	off	off	.121
22	off	.021	off	off	off	.025	.299
23	off	off	off	.020	off	off	.061
24	off	off	off	off	off	.018	.100
25	off	off	off	off	off	off	.084
26	off	off	.020	off	off	off	.109
27	off	off	off	off	.018	off	.056
28	off	off	off	off	off	.021	.106
29	off	off	off	.041	off	off	.050
30	off	off	.023	off	off	.063	.116
31	off	off	off	.018	off	off	.092

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
Monthly Summary 95% of the 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All turbidity readings < IFE <sup>2</sup> triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No <sup>2</sup>		CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl <sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Notes: All NTU > .300 to waste All NTU > .100 start spike		PRINTED NAME: <u>Dustin Stafford</u>	DATE: <u>1/2/26</u>
		SIGNATURE: 	CERT #:
		PHONE #: <u>(541) 774 8183</u>	CERT #:

<sup>1</sup> 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. <sup>2</sup> IFE = Individ. Filter Effl. (OAR 333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :

WTP-A

System Name: Emigrant Lake WTP

Month/Year: Dec 2025

Disinfection Giardia Log Inactiv:

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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1/	1.3	192	249.6	10.9	7.0	26	Y	1.5
2/	1.2	192	230.4	10.9	7.0	25	Y	2.1
3/	1.2	192	230.4	10.4	7.0	25	Y	2.3
4/	1.2	192	230.4	10.1	7.0	25	Y	1.6
5/	1.1	192	211.2	10.1	7.0	25	Y	2.8
6/	1.1	192	211.2	10.2	7.0	25	Y	3.5
7/	1.1	192	211.2	10.3	7.0	25	Y	3.3
8/	1.5	192	288	10.3	7.0	26	Y	2
9/	1.5	192	288	10.1	7.0	26	Y	2
10/	1.4	192	268.8	10.0	7.0	39	Y	1.5
11/	1.3	192	249.6	10.1	7.0	26	Y	2.3
12/	1.3	192	249.6	9.9	7.0	39	Y	1
13/	1.2	192	230.4	9.7	7.0	38	Y	1
14/	1.2	192	230.4	9.6	7.0	38	Y	2.6
15/	1.0	192	192	9.6	7.0	37	Y	3.1
16/	1.0	192	192	9.7	7.0	37	Y	1.6
17/	1.0	192	192	9.5	7.0	37	Y	1.1
18/	0.9	192	172.8	9.7	7.0	37	Y	1.1
19/	0.9	192	172.8	9.7	7.0	37	Y	2.6
20/	0.8	192	153.6	9.5	7.0	37	Y	2.3
21/	0.8	192	153.6	9.4	7.0	37	Y	1.5
22/	0.7	192	134.4	9.4	7.0	37	Y	2.3
23/	0.6	192	115.2	9.2	7.0	36	Y	2.6
24/	0.6	192	115.2	9.7	7.0	36	Y	2.1
25/	0.6	192	115.2	9.2	7.0	36	Y	2.8
26/	0.7	192	134.4	9.0	7.0	37	Y	1.1
27/	0.6	192	115.2	8.9	7.0	36	Y	2.1
28/	0.7	192	134.4	8.5	7.0	37	Y	6.5
29/	0.6	192	115.2	8.6	7.0	36	Y	2
30/	0.7	192	134.4	8.7	7.0	37	Y	1.6
31/	0.7	192	134.4	9.0	7.0	37	Y	2.8

<sup>3</sup> If Cl<sub>2</sub> 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