

OHA - Drinking Water Program - Turbidity Monitoring Report Form

System Name: JACKSON CO PKS EMIGRANT LAKE ID #: 4190730 WTP-: A Month/Year: JAN 2026

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	.021	off	off	off	.022	.150
2	off	off	off	.020	off	off	.105
3	.024	off	off	off	.042	off	.043
4	off	off	off	off	off	off	.134
5	off	off	off	off	off	.022	.210
6	off	off	off	off	off	off	.077
7	off	off	.020	off	off	off	.106
8	.017	off	off	off	.020	off	.096
9	off	off	.020	off	off	off	.071
10	.021	off	off	off	off	off	.076
11	off	off	off	off	off	off	.075
12	.023	off	off	off	.018	off	.055
13	off	off	off	off	off	off	.143
14	off	.023	off	off	.020	off	.089
15	off	off	.071	off	off	off	.139
16	.020	off	off	off	.020	off	.152
17	off	off	.020	off	off	off	.107
18	off	off	.017	.018	.018	.018	.030
19	.020	.021	.024	.025	.025	.025	.061
20	.028	.030	.073	off	off	off	.194
21	off	off	off	off	off	off	.299
22	off	off	.031	.030	.030	.030	.056
23	.030	.030	.030	off	off	off	.041
24	off	off	off	off	off	off	.299
25	off	off	off	off	off	off	.080
26	.038	off	off	off	off	off	.162
27	off	off	off	.038	off	off	.102
28	off	off	off	off	off	.039	.299
29	off	off	off	off	off	off	.299
30	off	off	off	off	off	off	.190
31	off	off	off	off	.039	off	.217

Conventional or Direct Filtration

95% of the 4-hour turbidity readings \leq 0.3 NTU? Yes / No
 All the 4-hour turbidity readings \leq 1 NTU? Yes / No
 All turbidity readings < IFE² triggers? Yes / No²

Monthly Summary (Answer Yes or No)

CT's met every day? (see back) Yes / No
 All Cl₂ residuals at entry point \geq 0.2 mg/l? Yes / No

Notes: All NTU > .300 to WASTE
 All NTU > .100 start spike
 1/18 South water main leak. lost 25,000 gal
 leak isolated.

PRINTED NAME: Josh Skewington

SIGNATURE: *[Signature]*

DATE: 2/3/24

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: JAN 2026

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/	0.7	192	134.4	9.0	7.0	37	Y	2.1
2/	0.7	192	134.4	9.1	7.0	37	Y	3.1
3/	0.7	192	134.4	9.2	7.0	37	Y	1.6
4/	0.8	192	153.6	9.4	7.0	37	Y	2
5/	0.8	192	153.6	9.2	7.0	37	Y	1.5
6/	0.8	192	153.6	9.0	7.0	37	Y	2.3
7/	0.9	192	172.8	8.6	7.0	37	Y	1.1
8/	0.9	192	172.8	8.2	7.0	37	Y	2.3
9/	0.9	192	172.8	8.0	7.0	37	Y	1.6
10/	0.8	192	153.6	8.1	7.0	37	Y	2
11/	0.8	192	153.6	8.0	7.0	37	Y	3.5
12/	0.9	192	172.8	8.2	7.0	37	Y	2.1
13/	0.9	192	172.8	8.0	7.0	37	Y	1.5
14/	0.8	192	153.6	8.5	7.0	37	Y	3.0
15/	0.8	192	153.6	8.7	7.0	37	Y	1.3
16/	0.8	192	153.6	9.0	7.0	37	Y	1.8
17/	0.8	192	153.6	8.9	7.0	37	Y	2.5
18/	0.8	192	153.6	8.9	7.0	37	Y	118.1
19/	0.9	192	172.8	8.7	7.1	45	Y	2.0
20/	1.0	192	192	8.7	7.1	45	Y	2.1
21/	1.0	192	192	8.6	7.1	45	Y	1.1
22/	1.0	192	192	8.7	7.1	45	Y	1.5
23/	0.9	192	172.8	8.7	7.1	45	Y	3.8
24/	0.8	192	153.6	8.8	7.1	44	Y	1.3
25/	0.8	192	153.6	8.8	7.1	44	Y	2.1
26/	0.9	192	172.8	8.6	7.1	45	Y	2.0
27/	0.8	192	153.6	8.5	7.1	44	Y	4.8
28/	0.7	192	134.4	8.7	7.1	44	Y	2.1
29/	0.7	192	134.4	8.7	7.1	44	Y	1.3
30/	0.7	192	134.4	8.6	7.1	44	Y	2.3
31/	0.7	192	134.4	8.7	7.1	44	Y	5.3

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