

OHA - Drinking Water Services - Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: JACKSON
Month/Year: Feb 2026

System Name: Emigrant Lake WTP ID#: 4190730 WTP: TP - A

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/	.041	off	off	off	off	.036	.048
2/	.036	.039	.036	.036	off	off	.081
3/	off	off	off	off	off	off	.299
4/	off	off	off	off	off	off	.299
5/	off	off	off	off	off	.053	.299
6/	off	off	off	off	off	off	.299
7/	off	off	.057	off	off	.053	.299
8/	off	off	off	.050	off	off	.299
9/	.059	off	off	off	off	off	.299
10/	off	off	off	off	off	off	.299
11/	off	off	.057	off	off	off	.299
12/	.070	off	off	off	off	off	.299
13/	off	off	off	off	.050	off	.171
14/	off	off	off	off	off	off	.141
15/	off	off	off	off	off	.067	.123
16/	off	off	off	off	.059	off	.145
17/	off	off	.052	off	off	off	.149
18/	off	off	off	off	off	off	.243
19/	off	off	off	off	off	off	.141
20/	off	off	off	off	off	off	.299
21/	off	off	off	off	off	off	.153
22/	off	off	off	off	.053	off	.286
23/	off	off	off	off	off	off	.199
24/	off	off	off	off	off	off	.241
25/	off	off	off	off	off	off	.299
26/	off	off	off	off	off	off	.299
27/	.039	off	off	off	.041	off	.228
28/	off	off	off	off	off	.049	.275
29/							
30/							
31/							

Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

95% of 4-hour turbidity readings ≤ 0.3 NTU?

Yes/No

All 4-hour turbidity readings ≤ 1 NTU?

Yes/No

All turbidity readings < IFE² triggers

Yes/No

CT's met everyday?
(see back)

Yes/No

All Cl₂ residual at entry point
≥ 0.2 mg/l?

Yes/No

Notes: All NTU > .300 to waste
All NTU > .100 start spike

PRINTED NAME: Dustin Stafford

SIGNATURE: *[Signature]*

DATE: 3/2/26

PHONE #: (541) 774-8183

CERT #:

¹ Including continuous NTU 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. (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: 02/26

Disinfection Giardia Log Inactiv: 1

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	8.7	7.1	44	Y	2.1
2/	0.7	192	134.4	8.6	7.1	44	Y	1.3
3/	0.7	192	134.4	8.7	7.1	44	Y	3
4/	0.7	192	134.4	8.9	7.1	44	Y	2.1
5/	0.7	192	134.4	9.0	7.1	44	Y	2.1
6/	0.6	192	115.2	9.0	7.1	43	Y	2.1
7/	0.7	192	134.4	9.3	7.1	44	Y	4.6
8/	0.6	192	115.2	9.4	7.1	43	Y	3.6
9/	0.6	192	115.2	9.6	7.1	43	Y	3.6
10/	0.6	192	115.2	9.4	7.1	43	Y	2.1
11/	0.7	192	134.4	9.3	7.1	44	Y	15.5
12/	0.7	192	134.4	9.0	7.1	44	Y	3.5
13/	0.7	192	134.4	8.7	7.1	44	Y	2.8
14/	0.7	192	134.4	8.4	7.1	44	Y	2.8
15/	0.7	192	134.4	8.2	7.1	44	Y	4.1
16/	0.7	192	134.4	8.0	7.1	44	Y	3.5
17/	0.6	192	115.2	8.0	7.1	43	Y	2.1
18/	0.6	192	115.2	7.9	7.1	43	Y	2
19/	0.6	192	115.2	7.9	7.1	43	Y	1.8
20/	0.6	192	115.2	7.7	7.1	43	Y	1.8
21/	0.5	192	96	7.9	7.1	43	Y	3
22/	0.5	192	96	8.0	7.1	43	Y	3.8
23/	0.5	192	96	8.3	7.1	43	Y	2
24/	0.5	192	96	8.6	7.1	43	Y	3
25/	0.9	192	172.8	8.8	7.1	45	Y	1.8
26/	0.9	192	172.8	9.0	7.1	45	Y	2.6
27/	1.0	192	192	9.1	7.1	45	Y	2.5
28/	1.0	192	192	9.3	7.1	45	Y	2.3
29/		192						
30/		192						
31/		192						

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