

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: JACKSON

Conventional or Direct Filtration

Month/Year: March 26

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/	off	off	off	.041	off	off	.178
2/	off	off	off	off	off	.038	.222
3/	off	off	off	off	off	off	.299
4/	off	off	off	off	off	off	.262
5/	off	off	off	off	off	off	.138
6/	off	off	.049	off	off	off	.299
7/	off	off	off	.048	off	off	.145
8/	off	.039	off	off	off	.038	.271
9/	off	off	off	.045	off	off	.155
10/	off	off	off	off	off	off	.226
11/	off	off	off	.048	off	off	.141
12/	.037	off	off	.039	off	off	.200
13/	off	.048	off	off	off	off	.129
14/	off	.052	off	off	.041	off	.184
15/	off	off	off	off	off	.045	.207
16/	off	off	off	off	off	off	.162
17/	off	off	off	off	off	off	.134
18/	off	off	off	off	off	off	.299
19/	off	.059	off	off	off	off	.166
20/	off	off	off	.045	off	off	.188
21/	off	off	off	off	off	.044	.179
22/	off	off	off	off	off	.048	.152
23/	off	off	.045	off	off	.046	.234
24/	off	off	off	off	off	off	.290
25/	off	off	off	off	off	off	.144
26/	off	off	off	off	off	.045	.131
27/	off	off	off	.042	off	off	.168
28/	off	off	off	off	off	.044	.129
29/	off	off	.052	off	.045	off	.121
30/	off	off	off	off	off	off	.220
31/	off	off	off	off	off	off	.172

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:

PRINTED NAME: Josh Skewington

SIGNATURE: *[Signature]*

DATE: 4/5/20

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 - : A

System Name:	Emigrant Lake	ID#: 4190730	Month/Year:	3/2026	Disinfection <i>Giardia</i> Log Inactiv:	1
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Day	Minimum Cl ₂ Residual at 1st User (C)	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met?	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.9	192	172.8	9.9	7.1	45.0	Yes	1.8
2	0.9	192	172.8	9.7	7.1	45.0	Yes	1.7
3	0.9	192	172.8	9.6	7.1	45.0	Yes	1.8
4	1.0	192	192.0	9.7	7.1	45.0	Yes	1.7
5	0.9	192	172.8	9.9	7.1	45.0	Yes	2.2
6	0.9	192	172.8	9.6	7.1	45.0	Yes	1.3
7	0.9	192	172.8	9.9	7.1	45.0	Yes	4.3
8	0.9	192	172.8	10.0	7.1	30.0	Yes	3.6
9	0.9	192	172.8	10.3	7.1	30.0	Yes	3.3
10	0.9	192	172.8	9.7	7.1	30.0	Yes	1.3
11	0.9	192	172.8	10.6	7.1	30.0	Yes	5.6
12	0.9	192	172.8	10.5	7.1	30.0	Yes	4.0
13	0.9	192	172.8	10.6	7.1	30.0	Yes	4.0
14	0.9	192	172.8	10.9	7.1	30.0	Yes	2.6
15	0.9	192	172.8	11.1	7.1	30.0	Yes	6.0
16	0.9	192	172.8	11.7	7.1	30.0	Yes	3.8
17	0.9	192	172.8	11.7	7.1	30.0	Yes	2.6
18	0.9	192	172.8	11.7	7.1	30.0	Yes	2.8
19	0.9	192	172.8	11.7	7.1	30.0	Yes	2.3
20	0.9	192	172.8	12.0	7.1	30.0	Yes	3.5
21	0.9	192	172.8	12.3	7.1	30.0	Yes	5.1
22	0.9	192	172.8	12.6	7.1	30.0	Yes	5.0
23	0.9	192	172.8	12.8	7.1	30.0	Yes	3.0
24	0.8	192	153.6	13.1	7.1	29.0	Yes	2.3
25	0.8	192	153.6	13.5	7.1	29.0	Yes	3.1
26	0.8	192	153.6	13.8	7.1	29.0	Yes	3.8
27	0.8	192	153.6	13.7	7.1	29.0	Yes	6.8
28	0.8	192	153.6	13.8	7.1	29.0	Yes	5.0
29	0.8	192	153.6	14.2	7.1	29.0	Yes	5.3
30	0.8	192	153.6	14.1	7.1	29.0	Yes	3.0
31	0.8	192	153.6	14.1	7.1	29.0	Yes	2.0

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

Revised OCT 2025

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