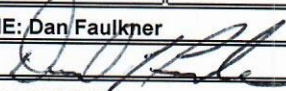


**OHA - Drinking Water Program -Turbidity Monitoring Report Form**  
**Conventional or Direct Filtration**

County: **Marion**  
 Month/Year: **Jun-21**

System Name:	OPRD Detroit Lake State Park		ID#: 41	91059		WTP : TP -	
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	OFF
2	Off	Off	Off	Off	Off	Off	OFF
3	Off	Off	0.07	0.07	0.06	Off	0.07
4	Off	Off	Off	Off	Off	Off	OFF
5	Off	Off	0.07	0.08	0.08	Off	0.08
6	Off	Off	Off	Off	Off	Off	OFF
7	Off	Off	Off	Off	Off	Off	OFF
8	Off	Off	0.08	0.08	0.08	Off	0.08
9	Off	Off	Off	Off	Off	Off	OFF
10	Off	Off	Off	Off	Off	Off	OFF
11	Off	Off	0.07	0.07	0.07	Off	0.07
12	Off	Off	Off	Off	Off	Off	OFF
13	Off	Off	Off	Off	Off	Off	OFF
14	Off	Off	Off	Off	Off	Off	OFF
15	Off	Off	0.06	0.06	0.06	Off	0.06
16	Off	Off	Off	Off	Off	Off	OFF
17	Off	Off	Off	Off	Off	Off	OFF
18	Off	Off	0.06	0.07	0.07	Off	0.07
19	Off	Off	Off	Off	Off	Off	OFF
20	Off	Off	Off	Off	Off	Off	OFF
21	Off	Off	0.07	0.07	0.07	Off	0.07
22	Off	Off	Off	Off	Off	Off	OFF
23	Off	Off	0.07	0.07	0.06	Off	0.07
24	Off	Off	Off	Off	Off	Off	OFF
25	Off	Off	Off	Off	Off	Off	OFF
26	Off	Off	0.06	0.06	0.06	Off	0.06
27	Off	Off	Off	Off	Off	Off	OFF
28	Off	Off	Off	Off	Off	Off	OFF
29	Off	Off	0.08	0.08	0.08	Off	0.08
30	Off	Off	Off	Off	Off	Off	OFF
31	na	na	na	na	na	na	NA

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<b>Yes</b>	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
All turbidity readings < IFE <sup>2</sup> triggers	<b>Yes</b>		

PRINTED NAME: <b>Dan Faulkner</b>	
SIGNATURE: 	7/4/2021
PHONE #: ( 503 ) 854-3406	CERT #: T6666

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

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: OPRD Detroit Lake State Park	ID#: 41	91059	Month/Year: Jun-21	WTP - : Disinfection Giardia Log Inactiv: 1
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1	0.8	90	72.0	8.0	7.10	44.5	Yes	40
2	0.9	90	81.0	9.0	7.10	42.2	Yes	40
3	0.8	90	72.0	9.0	6.90	38.9	Yes	40
4	0.8	90	72.0	8.0	6.90	41.5	Yes	40
5	0.7	90	63.0	8.0	7.00	42.5	Yes	40
6	1	90	90.0	8.0	7.10	45.6	Yes	40
7	1	90	90.0	8.0	7.10	45.6	Yes	40
8	0.9	90	81.0	8.0	7.10	45.1	Yes	40
9	1.1	90	99.0	8.0	7.20	47.7	Yes	40
10	0.9	90	81.0	8.0	7	43.5	Yes	40
11	0.8	90	72.0	8.0	6.9	41.5	Yes	40
12	1	90	90.0	8.0	7.1	45.6	Yes	40
13	0.9	90	81.0	8.0	7	43.5	Yes	40
14	0.9	90	81.0	8.0	7	43.5	Yes	40
15	0.9	90	81.0	8.0	6.9	42.0	Yes	40
16	1	90	90.0	8.0	7.1	45.6	Yes	40
17	0.9	90	81.0	9	7	40.7	Yes	40
18	0.9	90	81.0	9	7	40.7	Yes	40
19	0.9	90	81.0	10	6.9	36.9	Yes	40
20	0.9	90	81.0	11	7.1	37.0	Yes	40
21	0.8	90	72.0	11	7	35.4	Yes	40
22	1	90	90.0	11	7.2	38.8	Yes	40
23	0.8	90	72.0	11	7	35.4	Yes	40
24	1	90	90.0	11	7.2	38.8	Yes	50
25	0.9	90	81.0	12	7.1	34.7	Yes	50
26	0.8	90	72.0	12	6.9	32.1	Yes	50
27	0.7	90	63.0	12	6.9	31.7	Yes	50
28	0.9	90	81.0	12	7.1	34.7	Yes	60
29	0.8	90	72.0	12	7	33.2	Yes	60
30	0.7	90	63.0	12	7	32.8	Yes	60
31	NA	NA	#VALUE!	NA	NA	#VALUE!	NA	NA

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, DWP to be notified by end of next business day.