

OHA - Drinking Water Program -Turbidity Monitoring Report Form

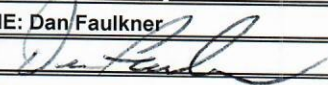
County: Marion

Conventional or Direct Filtration

Month/Year: Jul-21

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	0.08	0.07	0.07	Off	0.08
4	Off	Off	Off	Off	Off	Off	OFF
5	Off	Off	0.07	0.08	0.08	Off	0.08
6	Off	Off	0.07	0.07	0.07	Off	0.07
7	Off	Off	0.07	0.08	0.07	Off	0.08
8	Off	Off	Off	Off	Off	Off	OFF
9	Off	Off	0.08	0.09	0.08	Off	0.09
10	Off	Off	0.10	0.09	0.08	Off	0.10
11	Off	Off	0.09	0.08	0.08	Off	0.09
12	Off	Off	0.09	0.09	0.08	Off	0.09
13	Off	Off	0.08	0.08	0.08	Off	0.08
14	Off	Off	0.08	0.07	0.08	Off	0.08
15	Off	Off	0.07	0.07	0.07	Off	0.07
16	Off	Off	0.07	0.08	0.08	Off	0.08
17	Off	Off	0.08	0.08	0.07	Off	0.08
18	Off	Off	0.09	0.07	0.06	Off	0.09
19	Off	Off	0.06	0.06	0.06	Off	0.06
20	Off	Off	0.06	0.06	0.06	Off	0.06
21	Off	Off	0.06	0.06	0.06	Off	0.06
22	Off	Off	0.06	0.07	0.07	Off	0.07
23	Off	Off	0.07	0.07	0.07	Off	0.07
24	Off	Off	0.07	0.06	0.06	Off	0.07
25	Off	Off	0.06	0.06	0.06	Off	0.06
26	Off	Off	0.06	0.07	0.06	Off	0.07
27	Off	Off	0.06	0.07	0.07	Off	0.07
28	Off	Off	0.07	0.08	0.07	Off	0.08
29	Off	Off	0.08	0.08	0.07	Off	0.08
30	Off	Off	0.07	0.08	0.08	Off	0.08
31	Off	Off	0.08	0.08	0.08	Off	0.08

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

PRINTED NAME: Dan Faulkner	
SIGNATURE: 	8/2/2021
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: Jul-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	0.9	90	81.0	13.0	7.10	31.9	Yes	60
2	1	90	90.0	13.0	7.00	31.1	Yes	60
3	0.9	90	81.0	13.0	6.90	29.7	Yes	60
4	1.1	90	99.0	13.0	7.20	33.9	Yes	60
5	0.9	90	81.0	12.0	7.00	33.6	Yes	60
6	0.8	90	72.0	13.0	7.10	31.6	Yes	60
7	0.8	90	72.0	13.0	7.00	30.4	Yes	60
8	0.9	90	81.0	13.0	7.20	33.1	Yes	60
9	1	90	90.0	13.0	7.10	32.3	Yes	60
10	0.9	90	81.0	13.0	7.1	31.9	Yes	60
11	1.1	90	99.0	13.0	7	31.5	Yes	60
12	0.9	90	81.0	13.0	7.2	33.1	Yes	60
13	0.9	90	81.0	14.0	7	28.8	Yes	60
14	0.8	90	72.0	14.0	7.1	29.5	Yes	60
15	0.9	90	81.0	14.0	7	28.8	Yes	60
16	1	90	90.0	14.0	7.1	30.2	Yes	60
17	0.9	90	81.0	14.0	7	28.8	Yes	60
18	1	90	90.0	14.0	6.9	28.1	Yes	60
19	0.9	90	81.0	14.0	7	28.8	Yes	60
20	0.9	90	81.0	14.0	7.1	29.9	Yes	60
21	1	90	90.0	13	7	31.1	Yes	60
22	0.9	90	81.0	13	7	30.8	Yes	60
23	1	90	90.0	13	7.1	32.3	Yes	60
24	1	90	90.0	13	7.1	32.3	Yes	60
25	1	90	90.0	13	6.9	30.0	Yes	60
26	0.9	90	81.0	13	7	30.8	Yes	60
27	0.9	90	81.0	13	7.1	31.9	Yes	60
28	1	90	90.0	13	7	31.1	Yes	60
29	1	90	90.0	14	7.1	30.2	Yes	60
30	0.9	90	81.0	14	7.1	29.9	Yes	60
31	1	90	90.0	14	7	29.1	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.