

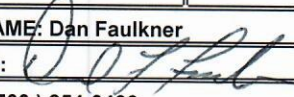
**OHA - Drinking Water Program -Turbidity Monitoring Report Form**  
**Conventional or Direct Filtration**

County: **Marion**  
 Month/Year: **Sep-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	0.07	0.06	0.07	Off	0.07
2	Off	Off	Off	Off	Off	Off	OFF
3	Off	Off	Off	Off	Off	Off	OFF
4	Off	Off	Off	Off	Off	Off	OFF
5	Off	Off	0.06	0.06	0.06	Off	0.06
6	Off	Off	Off	Off	Off	Off	OFF
7	Off	Off	Off	Off	Off	Off	OFF
8	Off	Off	0.06	0.06	0.06	Off	0.06
9	Off	Off	Off	Off	Off	Off	OFF
10	Off	Off	Off	Off	Off	Off	OFF
11	Off	Off	0.06	0.07	0.06	Off	0.07
12	Off	Off	Off	Off	Off	Off	OFF
13	Off	Off	Off	Off	Off	Off	OFF
14	Off	Off	0.05	0.05	0.05	Off	0.05
15	Off	Off	Off	Off	Off	Off	OFF
16	Off	Off	0.05	0.06	0.06	Off	0.06
17	Off	Off	Off	Off	Off	Off	OFF
18	Off	Off	Off	Off	Off	Off	OFF
19	Off	Off	0.06	0.07	0.06	Off	0.07
20	Off	Off	Off	Off	Off	Off	OFF
21	Off	Off	Off	Off	Off	Off	OFF
22	Off	Off	Off	Off	Off	Off	OFF
23	Off	Off	0.06	0.06	0.05	Off	0.06
24	Off	Off	Off	Off	Off	Off	OFF
25	Off	Off	Off	Off	Off	Off	OFF
26	Off	Off	0.05	0.05	0.05	Off	0.05
27	Off	Off	Off	Off	Off	Off	OFF
28	Off	Off	Off	Off	Off	Off	OFF
29	Off	Off	0.06	0.07	0.06	Off	0.07
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:** Dan Faulkner  
**SIGNATURE:**   
**PHONE #:** ( 503 ) 854-3406      **CERT #:** T6666      **10/5/2021**

<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

WTP - :

System Name: OPRD Detroit Lake State Park	ID#: 41	91059	Month/Year: Sep-21	Disinfection <i>Giardia</i> Log Inactiv: 1
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.9	90	81.0	12.0	6.90	32.4	Yes	50
2	1.1	90	99.0	13.0	7.10	32.7	Yes	50
3	1	90	90.0	13.0	7.00	31.1	Yes	50
4	0.9	90	81.0	13.0	7.00	30.8	Yes	50
5	1.1	90	99.0	13.0	7.10	32.7	Yes	50
6	1.1	90	99.0	13.0	7.00	31.5	Yes	50
7	1	90	90.0	13.0	7.10	32.3	Yes	50
8	1	90	90.0	13.0	7.00	31.1	Yes	50
9	1.1	90	99.0	12.0	7.20	36.7	Yes	50
10	1	90	90.0	12.0	7.1	35.1	Yes	50
11	0.9	90	81.0	12.0	7	33.6	Yes	50
12	1.1	90	99.0	12.0	7.1	35.5	Yes	50
13	0.9	90	81.0	12.0	7	33.6	Yes	40
14	0.9	90	81.0	12.0	6.9	32.4	Yes	40
15	1	90	90.0	12.0	7.1	35.1	Yes	40
16	1	90	90.0	11.0	7	36.2	Yes	40
17	1.2	90	108.0	11.0	7.2	39.6	Yes	40
18	1	90	90.0	11.0	7.1	37.4	Yes	40
19	0.9	90	81.0	11.0	7.1	37.0	Yes	40
20	1.1	90	99.0	11.0	7.2	39.2	Yes	40
21	1	90	90.0	11.0	7	36.2	Yes	40
22	1	90	90.0	11.0	7	36.2	Yes	40
23	0.9	90	81.0	11.0	6.9	34.6	Yes	40
24	1.1	90	99.0	11.0	7.1	37.9	Yes	40
25	1	90	90.0	11.0	7	36.2	Yes	40
26	1	90	90.0	11.0	7	36.2	Yes	40
27	1	90	90.0	11.0	7.2	38.8	Yes	40
28	1.2	90	108.0	11.0	7.1	38.3	Yes	40
29	1	90	90.0	11.0	7	36.2	Yes	40
30	0.9	90	81.0	11.0	7	35.8	Yes	40
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.