

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: Marion

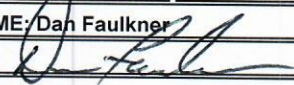
Conventional or Direct Filtration

Month/Year: Jan-22

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

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) <b>Yes</b>
All 4-hour turbidity readings ≤ 1 NTU? <b>Yes</b>	All Cl2 residual at entry point ≥ 0.2 mg/l? <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

<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 Eff. (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: Jan-22	Disinfection <i>Giardia</i> Log Inactiv: 1
---	---------	-------	--------------------	--

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	1	90	90.0	5.0	7.10	55.7	Yes	30
2	1	90	90.0	5.0	7.00	53.7	Yes	30
3	1	90	90.0	5.0	7.20	57.7	Yes	30
4	0.9	90	81.0	5.0	7.10	55.0	Yes	30
5	0.9	90	81.0	5.0	7.00	53.1	Yes	30
6	1.2	90	108.0	5.0	7.10	57.0	Yes	30
7	1.2	90	108.0	5.0	7.00	55.0	Yes	30
8	1.3	90	117.0	5.0	7.00	55.6	Yes	30
9	1.2	90	108.0	5.0	7.00	55.0	Yes	30
10	1.1	90	99.0	5.0	6.9	52.4	Yes	30
11	1.1	90	99.0	5.0	7.1	56.3	Yes	30
12	1.2	90	108.0	5.0	7.1	57.0	Yes	30
13	1.1	90	99.0	5.0	7	54.3	Yes	30
14	1.2	90	108.0	5.0	7.2	59.1	Yes	30
15	1.1	90	99.0	5.0	7.1	56.3	Yes	30
16	1.1	90	99.0	5.0	7.1	56.3	Yes	30
17	1.1	90	99.0	5.0	7	54.3	Yes	30
18	1	90	90.0	5.0	6.9	51.8	Yes	30
19	1	90	90.0	5.0	7.1	55.7	Yes	30
20	0.9	90	81.0	5.0	7	53.1	Yes	30
21	0.9	90	81.0	5.0	6.9	51.2	Yes	30
22	1	90	90.0	5.0	7.1	55.7	Yes	30
23	0.9	90	81.0	5.0	7	53.1	Yes	30
24	0.9	90	81.0	5.0	7	53.1	Yes	30
25	1	90	90.0	5.0	7.2	57.7	Yes	30
26	0.9	90	81.0	5.0	7.1	55.0	Yes	30
27	0.9	90	81.0	5.0	7	53.1	Yes	30
28	1.1	90	99.0	5.0	7.2	58.4	Yes	30
29	1	90	90.0	5.0	7.1	55.7	Yes	30
30	0.9	90	81.0	5.0	7	53.1	Yes	30
31	0.9	90	81.0	5.0	7	53.1	Yes	30

<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.