OHA - Drinking Water Program -Turbidity Monitoring Report Form								Marion
Conventional or Direct Filtration							/lonth/Year: N0v-22	
System N	OPRD D	etroit Lake S	tate Park	ID#: 41	91059		WTP: TP-	
Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]		ding 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	Off	Off	Off	Off		OFF
4	Off	Off	Off	Off	Off	Off		OFF
5	Off	Off	Off	Off	Off	Off		OFF
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	Off	Off	Off	Off		OFF
11	Off	Off	Off	Off	Off	Off		OFF
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	Off	Off	Off	Off		OFF
16	Off	Off	Off	Off	Off	Off		OFF
17	Off	Off	Off	Off	Off	Off		OFF
18	Off	Off	Off	Off	Off	Off		OFF
19	Off	Off	Off	Off	Off	Off		OFF
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	Off	Off	Off	Off		OFF
24	Off	Off	Off	Off	Off	Off		OFF
25	Off	Off	Off	Off	Off	Off		OFF
26	Off	Off	Off	Off	Off	Off		OFF
27	Off	Off	Off	Off	Off	Off		OFF
28	Off	Off	Off	Off	Off	Off		OFF
29	Off	Off	Off	Off	Off	Off		OFF
30	Off	Off	Off	Off	Off	Off		OFF
31	Off	Off	Off	Off	Off	Off		OFF
	Convent	ional or Dire	ct Filtration	1	Mont	thly Summa	ry (Answer Ye	es or No)
95% of 4-hour turbidity readings ≤ 0.3 NTU? Yes  All 4-hour turbidity readings ≤ 1 NTU? Yes							ual at entry point .2 mg/l?	
		ings < IFE <sup>2</sup> tr		Yes				
Entire sys	tem is shut	down for ne	w storage	tank	PRINTED NA	AME: Dan F	aulkner	
installation. Only running Non-potable water for Restroom toilets and sink. No water service at RV					SIGNATURE: 1			
hookup campsites.					PHONE #: (	CERT #:T6666		

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County:

PAGE 1 of 2

OH	IA - Drinkinç	Water Pro	gram - Surfa		1 of 2 Quality Data	Form	WTP -:	
System I	OPRD Detroit L	ake State Park	ID#: 41	91059	Month/Year:	Nov-22	Disinfection Giardia Log Inactiv:	1
ate / Tim	Minimum Cl <sub>2</sub> Residual at 1st User ( <b>C</b> ) <sup>3</sup>	Contact Time ( <b>T</b> )	Actual CT	Temp	рН	Required CT	CT Met? 3	Peak Hourly Demand Flow
	ppm or mg/L	[minutes]	CXT	[° C]		formula	Yes / No	[GPM]
1	OFF	90	OFF	OFF	OFF	OFF	OFF	OFF
2	OFF	90.	OFF	OFF	OFF	#VALUE!	OFF	OFF
3	OFF	90	OFF	OFF	OFF	#VALUE!	OFF	OFF
4	OFF	90	OFF	OFF	OFF	#VALUE!	OFF	OFF
5	OFF	90	OFF	OFF	OFF	#VALUE!	OFF	OFF
6	OFF	90	OFF	OFF	OFF	#VALUE!	OFF	OFF
7	OFF	90	OFF	OFF	OFF	#VALUE!	OFF	OFF
8	OFF	90	OFF	OFF	OFF	#VALUE!	OFF	OFF
9	OFF	90	OFF	OFF	OFF	#VALUE!	OFF	OFF
10	OFF	90	OFF	OFF	OFF	#VALUE!	OFF	OFF
11	OFF	90	OFF	OFF	OFF	#VALUE!	OFF	OFF
12	OFF	90	OFF	OFF	OFF	#VALUE!	OFF	OFF
13	OFF	90	OFF	OFF	OFF	#VALUE!	OFF	OFF
14	OFF	90	OFF	OFF	OFF	#VALUE!	OFF	OFF
15	OFF	90	OFF	OFF	OFF	#VALUE!	OFF	OFF
16	OFF	90	OFF	OFF	OFF	#VALUE!	OFF	OFF
17	OFF	90	OFF	OFF	OFF	#VALUE!	OFF	OFF
18	OFF	90	OFF	OFF	OFF	#VALUE!	OFF	OFF
19	OFF	90	OFF	OFF	OFF	#VALUE!	OFF	OFF
20	OFF	90	OFF	OFF	OFF	#VALUE!	OFF	OFF
21	OFF	90	OFF	OFF	OFF	#VALUE!	OFF	OFF
22	OFF	90	OFF	OFF	OFF	#VALUE!	OFF	OFF
23	OFF	90	OFF	OFF	OFF	#VALUE!	OFF	OFF
24	OFF	90	OFF	OFF	OFF	#VALUE!	OFF	OFF
25	OFF	90	OFF	OFF	OFF	#VALUE!	OFF	OFF
26	OFF	90	OFF	OFF	OFF	#VALUE!	OFF	OFF
27	OFF	90	OFF	OFF	OFF	#VALUE!	OFF	OFF
28	OFF	90	OFF	OFF	OFF	#VALUE!	OFF	OFF
29	OFF	90	OFF	OFF	OFF	#VALUE!	OFF	OFF
30	OFF	90	OFF	OFF	OFF	#VALUE!	OFF	OFF
31	OFF	NA	OFF	OFF	OFF	#VALUE!	OFF	OFF

<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

Revised February 2012