

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: **Marion**

Conventional or Direct Filtration

Month/Year: **Dec-22**

System #	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 ¹ [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

Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

95% of 4-hour turbidity readings \leq 0.3 NTU? **Yes**
 All 4-hour turbidity readings \leq 1 NTU? **Yes**
 All turbidity readings $<$ IFE² triggers **Yes**

CT's met everyday? (see back)
 All Cl2 residual at entry point \geq 0.2 mg/l?

Entire system is shut down for new storage tank installation. Only running Non-potable water for Restroom toilets and sink. No water service at RV hookup campsites.

PRINTED NAME: **Dan Faulkner**

SIGNATURE: *[Signature]* 1/3/2023

PHONE #: (503) 854-3406 CERT #: T6666

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :

System **OPRD Detroit Lake State Park**

ID#: **41**

91059

Month/Year: **Dec-22**

Disinfection
Giardia Log
Inactiv:

1

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° 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	90	OFF	OFF	OFF	#VALUE!	OFF	OFF

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, DWP to be notified by end of next business