

**OHA - Drinking Water Services - Turbidity Monitoring Report Form** County:  
**Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems**

System Name: Detroit Water System ID #: 00257 WTP-: A Month/Year: May 2021

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							0.01 to 0.02
2							↓
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input checked="" type="radio"/> Yes <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No
Notes: NO 24 HOUR CHART REORDER ALL EFF TURB READINGS 0.01 TO 0.02	PRINTED NAME: <u>Robert Bruce</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>6-7-21</u>
	PHONE #: <u>(503) 854-3496</u>	CERT #: <u>7136</u>

<sup>1</sup> Including continuous turbidity 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> Filtered systems only.

OHA - Drinking Water Program - Surface Water Quality Data Form - Giardia Inactivation

Name: Detroit Water System

ID #41:00 ~~25~~ WTP-: Month/Year:

Log Requirement (Circle One): 0.5 1.0

WTA-A May 2021

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>a</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>a</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/1100	.98	66	65	10.8	7.8	2.4	Yes	50
2/1130	1.00	66	66	10.9	7.7	2.3	Yes	35
3/10830	1.02	66	67	11.0	7.7	2.3	Yes	30
4/10900	1.02	66	67	11.0	7.7	2.3	Yes	35
5/10900	.99	66	65	11.1	7.7	2.3	Yes	40
6/10915	1.04	66	69	11.4	7.7	2.3	Yes	45
7/1000	1.13	66	75	10.9	7.8	2.4	Yes	50
8/1200	1.26	66	79	9.9	7.7	2.5	Yes	35
9/1220	1.14	66	75	10.7	7.7	2.4	Yes	35
10/1000	1.14	66	75	10.4	7.7	2.4	Yes	29
11/10900	1.27	66	84	10.8	7.6	2.3	Yes	40
12/1030	1.21	66	78	11.0	7.6	2.3	Yes	40
13/10900	1.26	66	83	11.5	7.6	2.2	Yes	140
14/10930	1.30	66	86	11.8	7.6	2.2	Yes	45
15/10830	1.32	66	87	12.0	7.6	2.2	Yes	120
16/1200	1.00	66	66	12.5	7.5	1.9	Yes	90
17/10900	.96	66	63	12.6	7.4	1.8	Yes	100
18/1200	.95	66	63	12.9	7.4	1.8	Yes	40
19/1000	.93	66	61	12.0	7.4	1.9	Yes	45
20/1000	1.05	66	69	11.2	7.4	2.1	Yes	40
21/1030	1.01	66	67	10.5	7.4	2.1	Yes	50
22/1130	1.00	66	66	10.8	7.4	2.1	Yes	55
23/1200	1.00	66	66	11.0	7.4	2.1	Yes	50
24/1200	.97	66	64	12.0	7.4	1.9	Yes	60
25/10900	.94	66	62	12.1	7.4	1.9	Yes	40
26/10930	.94	66	62	11.3	7.4	2.0	Yes	40
27/10945	.86	66	57	12.0	7.4	1.9	Yes	40
28/1000	.90	66	59	11.9	7.4	1.9	Yes	50
29/1200	.88	66	58	12.3	7.6	2.0	Yes	60
30/1200	.98	66	65	12.3	7.3	1.8	Yes	65
31/10930	1.11	66	72	13.0	7.3	1.8	Yes	100

<sup>a</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours

Revised September 2016

Download form at: [public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf)

Return by 10<sup>th</sup> of following month by email, fax, or mail to:  
 dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350