

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

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

<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: 00257 WTP: A Month/Year: JUNE 21 Log Requirement (Circle One): (0.5) 1.0

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> 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]	CXT	[° C]		Use tables	Yes / No	[GPM]
1/1100	1.09	66	72	13.9	7.3	16.6	yes	50
2/1000	1.26	66	83	13.9	7.4	17.5	yes	50
3/0915	1.30	66	86	14.1	7.3	16.7	yes	40
4/1218	1.25	66	83	14.2	7.3	16.5	yes	70
5/0820	1.16	66	77	14.2	7.3	16.4	yes	95
6/0600	1.13	66	75	15.0	7.3	15.5	yes	85
7/1500	1.11	66	73	14.3	7.3	16.2	yes	80
8/0940	1.09	66	72	13.8	7.3	16.7	yes	55
9/1330	1.05	66	69	12.9	7.3	17.6	yes	60
10/1000	1.03	66	68	13.5	7.3	16.9	yes	65
11/1525	1.03	66	68	13.7	7.3	16.7	yes	60
12/0700	1.01	66	67	14.3	7.3	16.0	yes	60
13/0930	.99	66	65	15.3	7.2	14.4	yes	60
14/0900	.96	66	63	14.8	7.2	14.8	yes	50
15/1530	.91	66	60	14.8	7.2	14.7	yes	55
16/1045	.84	66	55	13.8	7.3	16.2	yes	45
17/0945	.79	66	52	14.6	7.3	15.3	yes	45
18/1000	.78	66	51	15.0	7.3	14.8	yes	50
19/1200	.78	66	51	15.4	7.3	13.9	yes	170
20/1100	.80	66	53	15.6	7.2	13.8	yes	150
21/1400	.91	66	60	15.7	7.2	14.4	yes	100
22/0930	.93	66	61	15.9	7.3	14.2	yes	75
23/0900	.93	66	61	16.0	7.3	14.1	yes	100
24/0930	.94	66	62	16.5	7.3	13.7	yes	90
25/0900	.94	66	62	16.7	7.3	13.5	yes	60
26/0650	1.05	66	69	17.2	7.3	13.2	yes	90
27/0845	1.04	66	69	17.9	7.3	12.6	yes	110
28/0900	1.03	66	68	18.0	7.3	12.5	yes	180
29/0830	1.05	66	69	18.5	7.3	12.1	yes	100
30/0900	.80	66	53	18.5	7.3	11.8	yes	130
31/								

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours  
 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)

Revised September 2016

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