

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

System Name: Detroit City Water ID #: 00267 WTP-: A Month/Year: July 2021

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			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		0.01
5				0.01	0.01		0.01
6			0.01	0.01			0.01
7				0.01	0.01		0.01
8			0.01	0.01	0.01		0.01
9			0.01	0.01	0.01		0.01
10			0.01	0.01			0.01
11				0.01	0.01		0.01
12				0.01	0.01		0.01
13				0.01	0.01		0.01
14			0.01	0.01			0.01
15			0.01	0.01	0.01		0.01
16				0.01			0.01
17			0.01	0.01	0.01		0.01
18					0.01		0.01
19				0.01	0.01		0.01
20			0.01	0.01			0.01
21				0.01			0.01
22					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
26					0.01		0.01
27				0.01	0.01		0.01
28			0.01	0.01			0.01
29			0.01	0.01	0.01		0.01
30				0.01	0.01		0.01
31			0.01	0.01			0.01

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary	Monthly Summary (Answer Yes or No)	
	95% of daily turbidity readings ≤ 1 NTU? ² <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
Notes:	PRINTED NAME: <u>Robert Bruce</u>	
	SIGNATURE: <u>Robert Bruce</u>	DATE: <u>8-9-21</u>
	PHONE #: <u>(503) 854-3496</u>	CERT #: <u>7136</u>

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. ² Filtered systems only.

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

Name: Detroit City Water

ID #41:00257WTP-: Month/Year:

Log Requirement (Circle One): (0.5) 1.0

WTP-A July 2021

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ^a	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ^a	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[° C]		Use tables	Yes / No	[GPM]
1/0930	.71	66	47	20.5	7.4	10.6	Yes	120
2/0920	.45	66	30	20.4	7.4	10.3	Yes	130
3/1145	.47	66	31	20.3	7.4	10.4	Yes	150
4/1120	1.06	66	70	20.3	7.4	11.2	Yes	210
5/1140	1.25	66	83	20.1	7.3	11.1	Yes	200
6/0830	1.14	66	75	20.2	7.3	10.9	Yes	150
7/1200	.95	66	63	20.3	7.3	10.6	Yes	100
8/0915	.84	66	55	19.8	7.3	10.8	Yes	80
9/0915	.75	66	50	18.2	7.2	11.5	Yes	100
10/1530	.65	66	43	19.6	7.2	10.3	Yes	160
11/1500	.61	66	40	19.3	7.2	10.5	Yes	150
12/0800	.61	66	40	19.0	7.2	10.7	Yes	180
13/0700	.51	66	34	20.0	7.3	10.3	Yes	170
14/1200	.58	66	38	21.0	7.2	9.3	Yes	80
15/0840	.50	66	33	21.4	7.3	9.3	Yes	160
16/0900	.49	66	32	21.0	7.3	9.6	Yes	180
17/0800	.78	66	51	19.7	7.4	11.2	Yes	200
18/1045	1.54	66	102	21.6	7.3	10.7	Yes	130
19/0715	1.65	66	109	22.2	7.3	10.1	Yes	160
20/0600	1.46	66	96	20.3	7.3	11.2	Yes	160
21/0900	1.56	66	103	20.7	7.2	10.7	Yes	180
22/0730	1.54	66	102	20.6	7.2	10.7	Yes	100
23/0915	1.46	66	96	21.6	7.1	9.6	Yes	180
24/1520	1.82	66	120	20.2	7.1	11.0	Yes	160
25/1400	1.98	66	131	21.4	7.0	9.9	Yes	200
26/1445	1.99	66	131	22.4	7.0	9.3	Yes	120
27/1100	1.97	66	130	21.3	7.0	10.0	Yes	130
28/1430	1.77	66	117	21.1	7.0	9.9	Yes	100
29/1300	1.62	66	107	21.6	7.0	9.4	Yes	140
30/1445	1.44	66	95	22.1	7.0	8.9	Yes	130
31/1430	1.24	66	82	22.9	7.0	8.2	Yes	150

^a If Cl₂ 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

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