

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:
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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
5			0.01	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		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
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			0.01
20			0.01	0.01			0.01
21			0.01				0.01
22					0.01		0.01
23					0.01		0.01
24			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		0.01
28			0.01	0.01	0.01		0.01
29				0.01	0.01		0.01
30				0.01	0.01		0.01
31			0.01	0.01			0.01

<p>Slow Sand Membrane/DE Filtration/Unfiltered</p> <p style="text-align: center;">Monthly Summary</p> <p>95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="checkbox"/> Yes / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / No</p> <p>Notes:</p>	<p style="text-align: center;">Monthly Summary (Answer Yes or No)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No </td> <td style="width: 50%;"> All Cl₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No </td> </tr> </table> <p>PRINTED NAME: Robert Bruce</p> <p>SIGNATURE: <i>Robert Bruce</i> DATE: 9-7-21</p> <p>PHONE #: (503) 854-3496 CERT #: 7136</p>	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No
CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No		

¹ 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--A Month/Year:
Aug 2021

Log Requirement
(Circle One): **(0.5)** 1.0

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/0930	1.10	66	73	22.3	7.0	8.4	Yes	140
2/0940	.95	66	63	22.4	7.1	8.5	Yes	145
3/0915	.74	66	49	22.7	7.1	8.2	Yes	90
4/1000	.75	66	50	22.3	7.3	9.1	Yes	100
5/0910	.73	66	48	22.3	7.4	9.4	Yes	150
6/0940	.75	66	50	21.8	7.4	9.7	Yes	150
7/0930	.97	66	62	21.3	7.3	9.9	Yes	140
8/1030	1.05	66	69	21.0	7.3	10.2	Yes	150
9/0845	1.11	66	73	20.3	7.3	10.8	Yes	150
10/0915	1.07	66	71	20.8	7.3	10.4	Yes	155
11/0900	1.10	66	73	21.7	7.2	9.5	Yes	150
12/1000	1.07	66	71	22.3	7.2	9.0	Yes	160
13/1100	.99	66	65	22.2	7.2	9.0	Yes	160
14/1145	.95	66	63	22.3	7.2	8.9	Yes	150
15/1115	.89	66	59	22.7	7.2	8.6	Yes	150
16/0915	.83	66	55	22.4	7.3	9.1	Yes	150
17/0940	.77	66	51	21.4	7.3	9.6	Yes	140
18/1000	.70	66	46	20.4	7.3	10.2	Yes	140
19/0945	.69	66	46	20.4	7.4	10.6	Yes	170
20/0915	.73	66	48	20.5	7.3	10.2	Yes	180
21/1030	.76	66	50	19.9	7.4	11.1	Yes	180
22/11430	.75	66	50	19.5	7.4	11.4	Yes	200
23/1600	.80	66	53	19.7	7.2	10.5	Yes	180
24/0700	.81	66	53	19.9	7.3	10.7	Yes	200
25/0900	.83	66	55	18.9	7.4	11.9	Yes	185
26/0915	.83	66	55	19.2	7.4	11.7	Yes	170
27/1000	.82	66	54	19.4	7.4	11.5	Yes	180
28/1120	.85	66	56	18.6	7.4	12.2	Yes	150
29/1015	.84	66	55	19.0	7.4	11.9	Yes	180
30/0900	.85	66	56	19.1	7.4	11.8	Yes	150
31/0900	.83	66	55	18.3	7.4	12.4	Yes	130

³ 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.dmc@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350