

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: Sept 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
2				0.01	0.01	0.01	0.01
3				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	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	0.01
10				0.01	0.01	0.01	0.01
11	0.01				0.01	0.01	0.01
12	0.01				0.01	0.01	0.01
13	0.01				0.01	0.01	0.01
14					0.01	0.01	0.01
15	0.01	0.01			0.01	0.01	0.01
16				0.01	0.01	0.01	0.01
17	0.01			0.01	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		0.01
22				0.01	0.01		0.01
23				0.01	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
28					0.01	0.01	0.01
29					0.01	0.01	0.01
30					0.01	0.01	0.01
31							

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 / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No
Notes:	PRINTED NAME: <u>Robert Bruce</u>	
	SIGNATURE: <u>Robert Bruce</u>	DATE: <u>9-7-21</u>
	PHONE #: <u>(503) 854-3496</u>	CERT #: <u>7136</u>

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 WATER SYSTEM**

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

Log Requirement (Circle One): 0.5 1.0

SEPT 2021

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³	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]
1/1000	.82	66	54	12.5	7.4	1.3	Yes	160
2/0930	.83	66	55	12.8	7.4	1.3	Yes	170
3/0900	.85	66	56	17.9	7.4	1.3	Yes	170
4/1400	.87	66	53	18.4	7.3	1.2	Yes	180
5/1300	.90	66	59	18.8	7.3	1.2	Yes	180
6/1200	.93	66	61	19.1	7.3	1.1	Yes	145
7/0900	.92	66	61	19.4	7.3	1.1	Yes	150
8/0900	.95	66	63	19.8	7.3	1.1	Yes	150
9/0915	.97	66	64	19.5	7.3	1.1	Yes	150
10/0930	.93	66	61	19.6	7.4	1.2	Yes	140
11/1145	.92	66	61	18.6	7.4	1.2	Yes	110
12/1330	.82	66	54	18.5	7.4	1.2	Yes	105
13/0900	.80	66	53	18.4	7.4	1.2	Yes	120
14/0900	.83	66	55	12.7	7.4	1.3	Yes	50
15/0900	.80	66	53	18.3	7.4	1.2	Yes	50
16/0850	.95	66	63	17.1	7.4	1.4	Yes	55
17/0800	.92	66	61	12.0	7.4	1.4	Yes	50
18/1000	.90	66	59	16.5	7.5	1.5	Yes	45
19/1100	.88	66	58	16.0	7.5	1.5	Yes	40
20/0930	.89	66	59	15.9	7.4	1.5	Yes	40
21/0900	.80	66	53	16.0	7.5	1.5	Yes	35
22/0845	.74	66	49	16.6	7.4	1.4	Yes	120
23/0845	.70	66	46	16.5	7.4	1.4	Yes	120
24/0900	.80	66	53	16.6	7.4	1.4	Yes	125
25/1000	.85	66	56	16.8	7.4	1.4	Yes	130
26/1300	.95	66	63	16.8	7.3	1.3	Yes	110
27/1130	1.03	66	68	17.1	7.2	1.3	Yes	65
28/0900	1.01	66	67	15.6	7.3	1.5	Yes	45
29/0900	1.03	66	68	14.4	7.4	1.6	Yes	50
30/0900	1.02	66	67	15.0	7.4	1.6	Yes	40
31/								

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