

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: **OCT 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
3					0.01	0.01	0.01
4			0.01	0.01			0.01
5				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
9				0.01	0.01	0.01	0.01
10							
11				0.01			0.01
12				0.01	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
17			0.01	0.01	0.01		0.01
18			0.01	0.01	0.01		0.01
19			0.01	0.01	0.01		0.01
20			0.01	0.01			0.01
21				0.01	0.01	0.01	0.01
22			0.01	0.01			0.01
23			0.01	0.01	0.01	0.01	0.01
24	0.01			0.01	0.01	0.01	0.01
25				0.01	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	0.01
30			0.01				0.01
31		0.01	0.01	0.01			0.01

Slow Sand <input checked="" type="checkbox"/> Membrane/DE Filtration/ <input type="checkbox"/> 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: Robert Bruce	
	SIGNATURE: <i>Robert Bruce</i>	DATE: 11-4-21
	PHONE #: (503) 954-3496	CERT #: 7136

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 #41:00257WTP-A Month/Year: OCT 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]
1/0900	.99	66	65	15.7	7.3	14.5	yes	60
2/0930	.94	66	62	15.8	7.2	13.8	yes	100
3/1430	.94	66	62	15.1	7.3	15.0	yes	100
4/0900	.93	66	61	15.1	7.3	15.0	yes	45
5/0930	.92	66	61	15.0	7.3	15.1	yes	130
6/0930	.94	66	62	14.3	7.3	15.8	yes	60
7/10930	.93	66	61	13.5	7.3	16.7	yes	40
8/1500	.93	66	61	13.5	7.3	16.7	yes	65
9/1540	.93	66	61	13.5	7.3	16.7	yes	55
10/0900	.95	66	63	12.8	7.4	18.2	yes	100
11/0915	.95	66	63	12.5	7.4	18.6	yes	100
12/0900	.94	66	62	12.2	7.4	19.1	yes	40
13/1020	.93	66	61	12.1	7.4	19.2	yes	45
14/0930	.93	66	61	12.0	7.4	19.3	yes	40
15/1230	.98	66	65	12.2	7.4	19.2	yes	80
16/0700	.98	66	65	12.7	7.4	18.4	yes	80
17/0715	1.03	66	68	12.6	7.4	18.6	yes	60
18/0900	1.06	66	70	12.4	7.4	19.1	yes	100
19/0830	1.07	66	71	12.0	7.4	2.0	yes	50
20/0930	1.12	66	74	11.9	7.4	2.0	yes	70
21/1000	1.12	66	74	11.9	7.4	2.0	yes	50
22/0930	1.11	66	73	11.8	7.4	2.0	yes	50
23/1030	1.17	66	77	12.2	7.4	2.0	yes	55
24/1030	1.13	66	75	12.1	7.4	2.0	yes	55
25/1030	1.06	66	70	11.6	7.5	2.1	yes	90
26/1000	1.00	66	66	11.5	7.5	2.1	yes	35
27/1030	1.02	66	67	11.3	7.4	2.0	yes	55
28/1100	.90	66	59	11.4	7.4	2.0	yes	65
29/1133	.87	66	57	11.6	7.5	2.0	yes	35
30/1100	.85	66	56	11.2	7.4	2.0	yes	90
31/0630	.84	66	55	11.4	7.4	2.0	yes	50

³ If Cl₂ 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 Revised September 2016

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