

System Name: CITY OF DETROIT ID #: 00257 WTP: A Month/Year: NOV 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		0.01
3				0.01	0.01	0.01	0.01
4				0.01	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	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		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	0.01
15	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
18			0.01	0.01			0.01
19		0.01	0.01	0.01			0.01
20			0.01	0.01	0.01		0.01
21				0.01	0.01	0.01	0.01
22				0.01	0.01	0.01	0.01
23	0.01		0.01	0.01			0.01
24			0.01	0.01	0.01		0.01
25				0.01	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		0.01
30				0.01	0.01	0.01	0.01
31							

Slow Sand/Membrane/DE
Filtration/Unfiltered

Monthly Summary

95% of daily turbidity readings ≤ 1 NTU? ² ☒ Yes / No
 All daily turbidity readings ≤ 5 NTU? ☒ Yes / No

Notes:

Monthly Summary (Answer Yes or No)

CT's met everyday?
(see back)
☒ Yes / No

All Cl₂ residual at entry point ≥ 0.2 mg/l?
☒ Yes / No

PRINTED NAME: Robert Bruce

SIGNATURE: Robert Bruce

DATE: 12-7-21

PHONE #: (503) 854-3496

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: CITY OF DETROITID #41:00257WTP-: Month/Year: A Nov 2021Log 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]
1/1000	.91	66	60	11.1	7.3	19	Yes	50
2/0930	.89	66	59	11.4	7.2	19	Yes	50
3/0930	.92	66	61	11.5	7.2	19	Yes	75
4/1145	.86	66	57	11.3	7.1	19	Yes	50
5/1000	.87	66	57	10.8	7.1	19	Yes	55
6/1430	.91	66	60	10.2	7.1	19	Yes	55
7/1200	.90	66	59	9.9	7.2	25	Yes	55
8/0930	.92	66	61	9.8	7.2	25	Yes	60
9/1030	.94	66	62	10.1	7.2	19	Yes	46
10/1115	.96	66	63	9.7	7.2	25	Yes	60
11/1430	1.02	66	67	10.3	7.1	19	Yes	60
12/0900	1.02	66	67	11.2	7.1	19	Yes	65
13/0900	1.20	66	79	11.2	7.4	19	Yes	76
14/0730	1.23	66	81	11.6	7.3	19	Yes	90
15/1100	1.24	66	82	10.7	7.0	19	Yes	70
16/1000	1.19	66	79	10.1	7.0	19	Yes	40
17/1000	1.25	66	83	9.3	7.1	26	Yes	50
18/1030	1.26	66	83	9.3	7.1	26	Yes	50
19/1100	1.28	66	84	10.1	7.0	19	Yes	65
20/1100	1.16	66	77	9.5	7.0	25	Yes	65
21/1100	1.04	66	69	8.7	7.1	25	Yes	60
22/0900	.89	66	59	8.9	7.1	25	Yes	50
23/1030	.84	66	55	8.3	7.2	25	Yes	60
24/1600	.84	66	55	8.4	7.4	25	Yes	90
25/1500	.86	66	57	8.6	7.4	25	Yes	85
26/1600	.85	66	56	8.8	7.4	25	Yes	95
27/1400	.84	66	55	8.9	7.5	30	Yes	100
28/1700	.97	66	64	9.7	7.6	30	Yes	120
29/1300	.95	66	63	9.8	7.6	30	Yes	55
30/0930	.97	66	64	9.5	7.7	30	Yes	45
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.pdfReturn by 10th of following month by email, fax, or mail to:

dwp.dnce@state.or.us; 971-673-0894; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350