

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: Dec 2021

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [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
5					0.01	0.01	0.01
6				0.01			0.01
7				0.01			0.01
8				0.01	0.01		0.01
9				0.01			0.01
10				0.01			0.01
11				0.01	0.01		0.01
12				0.01	0.01		0.01
13				0.01			0.01
14			0.01	0.01			0.01
15				0.01	0.01		0.01
16				0.01			0.01
17				0.01			0.01
18			0.01	0.01			0.01
19				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	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
28				0.01	0.01		0.01
29			0.01				0.01
30			0.01	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? <sup>2</sup> <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: Robert Bruce	DATE: 1-3-22
	PHONE #: (503) 854-3496	CERT #: 7136

<sup>1</sup> 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. <sup>2</sup> Filtered systems only.

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

Name: **CITY OF DETROIT** ID #41: **00257** WTP: **A** Month/Year: **Dec 2021** Log Requirement (Circle One): **(0.5)** 1.0

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/1200	1.04	66	69	9.5	7.7	31	YES	50
2/0800	1.00	66	66	10.5	7.7	22	YES	35
3/0830	.98	66	65	9.5	7.7	30	YES	40
4/1200	.96	66	63	8.8	7.8	30	YES	40
5/1300	.94	66	62	9.0	7.8	30	YES	40
6/1145	.92	66	61	8.6	7.7	30	YES	35
7/0930	.87	66	57	8.9	7.8	30	YES	40
8/1200	.84	66	55	9.2	7.8	30	YES	50
9/1000	.81	66	53	8.1	7.8	30	YES	40
10/1130	.77	66	51	7.4	7.8	29	YES	45
11/0700	.80	66	53	7.2	7.8	29	YES	50
12/1130	.81	66	53	6.1	7.8	30	YES	60
13/1000	.80	66	53	6.0	7.8	29	YES	65
14/1030	.78	66	51	5.9	7.8	29	YES	50
15/0900	.84	66	55	5.7	7.8	30	YES	90
16/0900	.80	66	53	5.7	7.8	29	YES	50
17/0920	.82	66	54	5.9	7.8	30	YES	40
18/1000	.84	66	55	5.9	7.8	30	YES	60
19/1030	.84	66	55	6.0	7.8	30	YES	40
20/1030	.84	66	55	6.0	7.8	30	YES	45
21/0930	.84	66	55	6.1	7.8	30	YES	40
22/1000	.83	66	55	6.1	7.8	30	YES	55
23/0830	.90	66	59	6.0	7.8	30	YES	45
24/0900	.95	66	63	6.0	7.7	30	YES	55
25/0800	1.07	66	71	6.0	7.7	31	YES	50
26/0930	.98	66	65	6.0	7.7	30	YES	55
27/0940	.96	66	63	6.0	7.8	30	YES	50
28/1200	.92	66	61	5.9	7.8	30	YES	60
29/1000	.94	66	62	6.0	7.7	30	YES	50
30/1100	.81	66	53	6.0	7.8	30	YES	50
31/1200	.82	66	54	6.1	7.8	30	YES	55

<sup>3</sup> If Cl<sub>2</sub> 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](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf)

Return by 10<sup>th</sup> 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