

Drinking Water Services – Turbidity Monitoring Report Form County:
Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: CITY OF DETROIT ID #: 80257 WTP: A Month/Year: Feb 2022

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	0.01
6	0.01	0.01	0.01	0.01	0.01	0.01	0.01
7	0.01	0.01	0.01	0.01	0.01	0.01	0.01
8	0.01	0.01			0.01	0.01	0.01
9				0.01	0.01		0.01
10				0.01	0.01		0.01
11				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	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	0.01		0.01
18		0.01	0.01	0.01			0.01
19		0.01	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
25				0.01	0.01	0.01	0.01
26	0.01	0.01	0.01	0.01	0.01	0.01	0.01
27						0.01	0.01
28	0.01	0.01				0.01	0.01
29							0.01
30							
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="checkbox"/> Yes/ No All daily turbidity readings ≤ 5 NTU? <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	
Notes:		PRINTED NAME: <u>Robert Bruce</u>	DATE: <u>3-3-22</u>
		SIGNATURE: <u>[Signature]</u>	CERT #: <u>7136</u>
		PHONE #: <u>(503) 854-3496</u>	

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 DETROIT ID #41: 00257 WTP: A Month/Year: FEB 2022 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]
110900	.94	66	62	6.1	7.4	18 25	yes	60
210800	1.00	66	66	6.6	7.4	18 25	yes	70
310830	.96	66	63	6.8	7.4	18 25	yes	50
411000	.96	66	63	7.0	7.4	18 25	yes	55
511100	.97	66	64	6.8	7.4	18 25	yes	70
611030	.98	66	65	6.8	7.4	18 25	yes	70
710830	.98	66	65	6.6	7.4	18 25	yes	50
811000	1.02	66	67	6.7	7.4	25	yes	65
911130	.98	66	65	6.8	7.4	18 25	yes	60
1011000	1.00	66	66	6.8	7.4	18 25	yes	60
1111100	1.02	66	67	6.9	7.4	25	yes	70
1211100	1.05	66	69	6.8	7.4	25	yes	65
131120	1.08	66	71	6.7	7.4	25	yes	60
141130	1.10	66	73	6.6	7.4	25	yes	50
1510830	1.14	66	75	6.7	7.4	25	yes	50
1619:00	1.11	66	73	6.6	7.4	25	yes	55
1711000	1.12	66	74	6.6	7.4	25	yes	60
1811100	1.15	66	76	6.7	7.4	25	yes	70
1911900	1.17	66	77	6.7	7.4	25	yes	65
2012000	1.19	66	79	5.5	7.4	25	yes	60
2111800	1.19	66	79	5.6	7.4	25	yes	50
2210900	1.15	66	76	5.0	7.4	25	yes	45
2311000	1.14	66	75	5.0	7.4	25	yes	50
240915	1.15	66	76	4.5	7.4	36	yes	70
250940	1.10	66	73	4.9	7.4	36	yes	50
2611000	1.13	66	75	5.1	7.4	25	yes	60
2710950	1.15	66	76	5.3	7.4	25	yes	45
2810930	1.16	66	77	5.5	7.4	25	yes	40
29/								
30/								
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