

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: March 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	0.01
2				0.01	0.01		0.01
3				0.01	0.01		0.01
4			0.01		0.01	0.01	0.01
5				0.01			0.01
6				0.01	0.01		0.01
7	0.01		0.01	0.01	0.01		0.01
8				0.01	0.01		0.01
9				0.01			0.01
10					0.01	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		0.01
17				0.01	0.01		0.01
18				0.01			0.01
19				0.01	0.01	0.01	0.01
20	0.01	0.01	0.01	0.01	0.01	0.01	0.01
21		0.01	0.01	0.01	0.01		0.01
22				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	0.01	0.01
26				0.01	0.01	0.01	0.01
27					0.01	0.01	0.01
28			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	0.01

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
Notes:	PRINTED NAME: <u>Robert Bruce</u>	
	SIGNATURE: <u>Robert Bruce</u>	DATE: <u>4-4-22</u>
	PHONE #: <u>503 1854-3496</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: CITY OF DETROIT

ID #41: 00257

WTP: A Month/Year: MARCH 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]
1/11/30	1.15	66	76	5.3	7.4	31	yes	100
2/10/15	1.18	66	78	5.6	7.5	31	yes	40
3/10/30	1.17	66	77	5.7	7.4	31	yes	55
4/10/45	1.16	66	77	5.9	7.4	31	yes	50
5/8/30	1.16	66	77	5.2	7.3	31	yes	50
6/22/00	1.18	66	78	5.9	7.4	31	yes	45
7/10/00	1.10	66	73	5.9	7.4	31	yes	55
8/10/30	1.10	66	73	6.2	7.4	31	yes	60
9/10/45	1.13	66	75	6.3	7.4	31	yes	40
10/11/00	1.07	66	71	6.1	7.4	31	yes	45
11/11/30	1.10	66	73	6.0	7.4	31	yes	40
12/20/00	1.13	66	75	6.1	7.3	31	yes	40
13/19/40	1.12	66	74	6.2	7.3	31	yes	45
14/08/30	1.09	66	72	6.2	7.4	31	yes	45
15/09/00	1.12	66	74	6.1	7.4	31	yes	40
16/09/15	1.07	66	71	6.2	7.4	31	yes	55
17/10/00	1.06	66	70	6.2	7.4	31	yes	60
18/10/00	1.07	66	71	6.3	7.4	31	yes	65
19/21/00	1.10	66	73	6.3	7.3	31	yes	50
20/19/00	1.07	66	71	5.4	7.3	31	yes	50
21/10/30	1.10	66	73	5.8	7.4	31	yes	45
22/10/00	1.10	66	73	6.0	7.4	31	yes	40
23/11/00	1.09	66	72	6.2	7.4	31	yes	50
24/10/45	1.12	66	74	6.5	7.4	31	yes	85
25/10/00	1.18	66	78	6.5	7.4	31	yes	95
26/21/00	1.24	66	82	6.6	7.4	31	yes	95
27/7/45	1.18	66	78	6.8	7.4	31	yes	100
28/10/30	1.17	66	77	6.9	7.4	31	yes	100
29/10/10	1.16	66	77	7.1	7.4	31	yes	40
30/10/00	1.21	66	80	7.4	7.4	31	yes	50
31/10/15	1.18	66	78	7.7	7.4	31	yes	60

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