

### 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: APRIL 2022

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			
2					0.01	0.01	0.01
3						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	0.01	0.01
8					0.01	0.01	0.01
9				0.01			0.01
10				0.01	1.01		0.01
11				0.01			0.01
12	0.01	0.01	0.01	0.01	0.01	0.01	0.01
13				0.01	0.01		0.01
14				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
19			0.01	0.01	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
23					0.01	0.01	0.01
24			0.01				0.01
25	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	0.01	0.01
30				0.01	0.01	0.01	0.01
31							

<p><b>Slow Sand Membrane/DE Filtration/Unfiltered</b></p> <p style="text-align: center;"><b>Monthly Summary</b></p> <p>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</p>	<p style="text-align: center;"><b>Monthly Summary (Answer Yes or No)</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;">                     CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No                 </td> <td style="width: 50%;">                     All Cl<sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No                 </td> </tr> </table>	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No		
<p><b>Notes:</b></p>	<p>PRINTED NAME: <u>Robert Bruce</u></p> <p>SIGNATURE: <u>Robert Bruce</u> DATE: <u>5-4-22</u></p> <p>PHONE #: <u>(503) 854-3496</u> CERT #: <u>7136</u></p>		

<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: **Detroit City Water**

ID #41: **00257**

WTP: **A** Month/Year: **April 2022**

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>a</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/0930	1.14	66	75	7.3	7.5	31	yes	40
2/0830	1.14	66	75	7.3	7.5	31	yes	40
3/1000	1.14	66	75	7.3	7.5	31	yes	50
4/2000	1.17	66	77	7.3	7.4	31	yes	45
5/0830	1.16	66	77	7.5	7.4	31	yes	40
6/0815	1.14	66	75	7.7	7.5	31	yes	40
7/10940	1.11	66	73	7.8	7.5	31	yes	50
8/1000	1.13	66	75	7.9	7.5	31	yes	60
9/1600	1.15	66	76	7.6	7.6	31	yes	100
10/0800	1.16	66	77	7.2	7.6	31	yes	100
11/1000	1.12	66	74	7.9	7.5	31	yes	50
12/1010	1.08	66	71	7.5	7.5	31	yes	40
13/0900	1.08	66	71	7.5	7.5	31	yes	45
14/1700	1.10	66	72	7.3	7.6	31	yes	100
15/0930	1.13	66	75	7.5	7.5	31	yes	60
16/1730	1.09	66	72	7.6	7.5	31	yes	100
17/0700	1.13	66	75	7.9	7.5	31	yes	60
18/1400	1.10	66	72	7.3	7.6	31	yes	90
19/1700	1.13	66	75	7.5	7.5	31	yes	60
20/1200	1.11	66	73	7.5	7.5	31	yes	55
21/1400	1.08	66	71	8.5	7.5	31	yes	45
22/1000	1.13	66	75	8.5	7.3	31	yes	50
23/1100	1.17	66	77	7.7	7.3	31	yes	100
24/1200	1.15	66	76	7.4	7.5	31	yes	90
25/0900	1.12	66	74	8.0	7.5	31	yes	50
26/0900	1.13	66	75	8.1	7.5	31	yes	45
27/1000	1.14	66	75	8.0	7.5	31	yes	50
28/0830	1.13	66	75	8.2	7.5	31	yes	40
29/0830	1.17	66	77	8.3	7.5	31	yes	60
30/2130	1.20	66	79	8.0	7.5	31	yes	100
31/								

<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.dmca@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350