

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: May 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
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
6	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
12						0.01	0.01
13	0.01	0.01			0.01	0.01	0.01
14				0.01	0.01	0.01	0.01
15						0.01	0.01
16				0.01	0.01		0.01
17					0.01	0.01	0.01
18					0.01	0.01	0.01
19					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	0.01
23					0.01	0.01	0.01
24					0.01	0.01	0.01
25	0.01						0.01
26	0.01	0.01	0.01	0.01	0.01		0.01
27	0.01	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					0.01	0.01	0.01

Slow Sand Membrane/DE Filtration/Unfiltered Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="radio"/> Yes <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No
Notes:	PRINTED NAME: <u>Robert Bruce</u>	
	SIGNATURE: <u>Robert Bruce</u>	DATE: <u>6-7-22</u>
	PHONE #: <u>(503) 854-3496</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 Water ID #41: 00257 WTP: A Month/Year: May 2022 Log Requirement (Circle One): (0.5) 1.0

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ^s	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ^s	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/1000	1.21	66	80	8.6	7.5	31	yes	100
2/0910	1.18	66	78	8.6	7.5	31	yes	50
3/0900	1.20	66	79	9.5	7.4	31	yes	45
4/10830	1.22	66	81	9.8	7.3	31	yes	45
5/10915	1.22	66	81	10.3	7.3	23	yes	60
6/10915	1.23	66	81	10.5	7.3	23	yes	60
7/1200	1.26	66	83	10.2	7.3	23	yes	100
8/12130	1.23	66	81	10.2	7.3	23	yes	100
9/10900	1.20	66	79	10.0	7.3	23	yes	40
10/10830	1.19	66	79	9.7	7.3	31	yes	45
11/10900	1.17	66	77	9.9	7.3	31	yes	40
12/10845	1.19	66	79	9.9	7.3	31	yes	50
13/10840	1.18	66	78	10.1	7.3	23	yes	55
14/1200	1.19	66	79	11.3	7.6	28	yes	80
15/1120	1.19	66	79	11.3	7.6	28	yes	90
16/10900	1.16	66	77	11.2	7.7	28	yes	50
17/10900	1.15	66	76	11.0	7.7	28	yes	40
18/10830	1.15	66	76	11.1	7.7	28	yes	55
19/10845	1.20	66	79	10.5	7.7	28	yes	40
20/10830	1.21	66	80	10.8	7.7	28	yes	45
21/11300	1.23	66	81	10.2	7.7	28	yes	80
22/11430	1.22	66	81	11.0	7.7	28	yes	60
23/11030	1.21	66	80	11.2	7.7	28	yes	65
24/10830	1.21	66	80	11.5	7.6	28	yes	50
25/10820	1.24	66	82	12.1	7.6	28	yes	50
26/10900	1.25	66	83	12.5	7.6	28	yes	50
27/11900	1.24	66	82	12.9	7.6	28	yes	90
28/11100	1.26	66	83	10.2	7.6	28	yes	100
29/1100	1.20	66	79	10.0	7.6	28	yes	75
30/11030	1.15	66	76	10.0	7.6	28	yes	75
31/11230	1.11	66	73	9.2	7.7	31	yes	70

^s 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