

**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: JUNE 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	0.01		0.01
2				0.01	0.01	0.01	0.01
3			0.01	0.01	0.01	0.01	0.01
4				0.01	0.01	0.01	0.01
5	0.01	0.01	0.01	0.01	0.01	0.01	0.01
6				0.01			0.01
7	—			—		—	—
8				0.01	0.01	0.01	0.01
9	0.01	0.01	0.01	0.01	0.01	0.01	0.01
10	0.01	0.01	0.01	0.01	0.01	0.01	0.01
11			0.01	0.01	0.01	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
15			0.01	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	0.01	0.01	0.01	0.01
19	0.01					0.01	0.01
20	0.01			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	0.01
24			0.01	0.01	0.01		0.01
25			0.01				0.01
26	0.01			0.01			0.01
27				0.01	0.01	0.01	0.01
28	0.01	0.01	0.01	0.01	0.01	0.01	0.01
29	0.01	0.01	0.01	0.01	0.01	0.01	0.01
30	0.01	0.01	0.01	0.01	0.01	0.01	0.01
31							

Slow Sand <input checked="" type="checkbox"/> 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="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>7-6-22</u>
	PHONE #: <u>(503) 954-3496</u>	CERT #: <u>7136</u>

<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: June 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>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/10800	1.10	66	73	9.2	7.7	37	yes	55
2/10830	1.11	66	73	9.4	7.7	37	yes	60
3/10830	1.15	66	76	10.4	7.7	28	yes	50
4/11400	1.13	66	75	10.5	7.7	28	yes	65
5/11430	1.10	66	73	11.0	7.7	28	yes	70
6/10800	1.09	66	72	11.6	7.7	28	yes	60
7/11025	1.03	66	68	12.2	7.7	28	yes	65
8/10800	.99	66	65	12.9	7.7	27	yes	60
9/10830	1.05	66	69	13.1	7.7	28	yes	55
10/10815	1.02	66	67	13.6	7.7	28	yes	90
11/11730	.96	66	63	13.5	7.7	27	yes	75
12/12100	.88	66	58	12.5	7.6	27	yes	100
13/10800	.86	66	57	12.1	7.7	27	yes	60
14/10830	.81	66	53	9.5	7.7	36	yes	65
15/10745	.78	66	51	9.3	7.7	35	yes	50
16/10830	.83	66	55	10.7	7.7	27	yes	65
17/10800	.89	66	59	12.5	7.7	27	yes	70
18/10800	.91	66	60	12.0	7.7	27	yes	80
19/10620	.93	66	61	12.5	7.7	27	yes	90
20/10800	.93	66	61	12.2	7.7	27	yes	65
21/11200	.94	66	62	12.5	7.7	27	yes	60
22/10800	.95	66	63	12.9	7.7	27	yes	60
23/10800	.98	66	65	13.1	7.8	27	yes	70
24/10800	1.00	66	66	13.4	7.8	27	yes	75
25/12100	1.03	66	68	14.1	8.0	28	yes	100
26/10900	1.00	66	66	15.5	7.9	18	yes	170
27/10730	.96	66	63	16.4	7.9	18	yes	120
28/10730	.96	66	63	16.2	7.9	18	yes	110
29/10800	1.05	66	69	15.5	7.5	19	yes	100
30/10730	1.05	66	69	15.3	7.4	19	yes	85
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.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350