

**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: Aug 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	0.01	0.01		0.01
3	0.01	0.01	0.01	0.01	0.01	0.01	0.01
4	0.01	0.01		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	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	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	0.01
13	0.01	0.01	0.01	0.01	0.01	0.01	0.01
14					0.01	0.01	0.01
15	0.01	0.01	0.01	0.01	0.01	0.01	0.01
16	0.01	0.01	0.01	0.01			0.01
17	0.01	0.01	0.01	0.01	0.01		0.01
18	0.01	0.01	0.01	0.01	0.01	0.01	0.01
19	0.01	0.01	0.01	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	0.01	0.01
22	0.01	0.01	0.01	0.01	0.01	0.01	0.01
23	0.01	0.01	0.01	0.01	0.01	0.01	0.01
24	0.01		0.01	0.01	0.01	0.01	0.01
25	0.01			0.01	0.01	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	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
30	0.01		0.01	0.01	0.01	0.01	0.01
31	0.01	0.01	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="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Notes:	PRINTED NAME: <u>Robert Bruce</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>9-2-22</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

ID #41: 00257 WTP: A

Month/Year: Aug 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]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/0845	1.11	66	73	20.1	7.2	12	yes	130
2/1124	1.08	66	71	19.3	7.2	15	yes	150
3/1130	1.07	66	71	17.2	7.3	15	yes	115
4/1000	1.09	66	72	18.6	7.3	15	yes	110
5/1100	1.12	66	74	18.0	7.2	15	yes	150
6/1700	1.13	66	75	18.4	7.8	15	yes	100
7/1720	1.19	66	79	18.6	6.6	15	yes	100
8/1030	1.10	66	77	18.3	7.3	15	yes	110
9/1000	1.10	66	73	17.8	7.2	15	yes	105
10/1200	1.13	66	75	19.2	7.2	15	yes	100
11/1000	1.07	66	71	17.3	7.3	15	yes	95
12/1045	1.07	66	71	17.7	7.3	15	yes	105
13/2000	1.10	66	73	17.3	7.3	15	yes	100
14/1900	1.04	66	42	17.3	7.3	15	yes	120
15/0800	1.94	66	62	17.2	7.3	15	yes	125
16/0800	1.11	66	73	17.2	7.3	15	yes	130
17/0800	1.16	66	77	18.1	7.4	15	yes	100
18/1030	1.13	66	75	17.2	7.3	15	yes	150
19/1000	1.08	66	71	18.6	7.4	15	yes	150
20/10:30	1.05	66	69	17.7	7.4	15	yes	100
21/2000	1.03	66	68	19.4	7.4	15	yes	130
22/1002	1.11	66	73	18.2	7.5	15	yes	150
23/09:35	1.15	66	76	18	7.6	19	yes	100
24/07:35	1.23	66	81	18.1	7.6	19	yes	100
25/10:50	1.35	66	89.1	18.4	7.6	19	yes	100
26/08:02	1.31	66	86.4	18.6	7.7	19	yes	110
27/700	1.20	66	79.2	17.0	7.5	19	yes	100
28/1900	1.15	66	75.9	18.1	7.8	19	yes	160
29/07:57	1.10	66	72.6	17.2	7.8	19	yes	100
30/07:38	1.06	66	69.9	17.8	7.9	19	yes	100
31/07:45	1.07	66	70.62	19.7	7.27	15	yes	100

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