

**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: SEPT 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	0.01
2	0.01	0.01	0.01				0.01
3				0.01	0.01	0.01	0.01
4	0.01	0.01	0.01	0.01	0.01	0.01	0.01
5			0.01	0.01	0.01	0.01	0.01
6	0.01	0.01	0.01			0.01	0.01
7	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
10	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
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				0.01
17		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
20			0.01	0.01	0.01	0.01	0.01
21		0.01	0.01	0.01			0.01
22	0.01		0.01	0.01		0.01	0.01
23	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
26		0.01			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
29	0.01		0.01	0.01		0.01	0.01
30	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? 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	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Notes:	PRINTED NAME: <u>Robert Bruce</u>	
	SIGNATURE: <u>Robert Bruce</u>	DATE: <u>10-3-22</u>
	PHONE #: <u>(503) 854-3496</u>	CERT #: <u>5136</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: *SEP 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]
1/07:40	1.01	66	6.2	19.3	7.5	15	yes	100
2/07:40	1.03	66	68	18.5	7.2	16	yes	90
3/07:00	1.04	66	69	17.9	7.1	16	yes	100
4/14:00	1.03	66	68	17.7	7.7	15	yes	100
5/13:30	1.00	66	66	17.6	7.3	15	yes	110
6/07:51	.94	66	62	17.4	7.3	15	yes	100
7/08:05	.92	66	61	18.9	7.6	18	yes	100
8/15:23	1.01	66	67	18.4	7.5	15	yes	100
9/08:15	1.04	66	69	17.8	7.5	15	yes	90
10/19:00	1.09	66	72	19.6	7.6	15	yes	100
11/21:00	1.14	66	75	19.4	7.7	15	yes	100
12/07:58	1.08	66	71	18.8	7.7	19	yes	100
13/07:53	1.05	66	69	18.2	7.7	19	yes	80
14/07:56	1.01	66	67	17.8	7.7	19	yes	80
15/07:54	.96	66	63	17.7	7.7	18	yes	80
16/08:00	.96	66	63	17.7	7.8	18	yes	80
17/12:00	.87	66	57	15.7	7.6	18	yes	100
18/11:30	.88	66	58	15.7	7.6	18	yes	80
19/07:48	.87	66	57	15.5	7.6	18	yes	80
20/08:00	.88	66	58	15.5	7.6	18	yes	80
21/08:06	.93	66	61	16.4	7.8	18	yes	80
22/08:43	.95	66	63	15.8	7.7	18	yes	70
23/09:07	.98	66	65	15.3	7.7	18	yes	70
24/11:00	1.00	66	66	15.4	7.7	18	yes	90
25/11:30	1.10	66	73	15.7	7.7	18	yes	85
26/08:56	1.16	66	77	16.3	7.8	19	yes	80
27/08:06	1.19	66	78	16.5	7.8	19	yes	60
28/08:39	1.14	66	75	16.5	7.9	19	yes	60
29/07:53	1.07	66	71	16.1	7.9	19	yes	70
30/08:21	1.00	66	66	14.9	7.8	27	yes	70
31/								

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