

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: 11-22

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	0.01	0.01
3	0.01		0.01	0.01	0.01		0.01
4	0.01	0.01	0.01		0.01		0.01
5	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
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			0.01
13	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	0.01
18	0.01	0.01	0.01				0.01
19					0.01		0.01
20					0.01		0.01
21		0.01		0.01		0.01	0.01
22	0.01			0.01			0.01
23	0.01		0.01	0.01	0.01		0.01
24	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
27	0.01	0.01		0.01	0.01		0.01
28		0.01			0.01	0.01	0.01
29		0.01	0.01			0.01	0.01
30			0.01	0.01			0.01
31							

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
	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	
Notes:	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
	PRINTED NAME: Robert Bruce	DATE: 12-1-22
	SIGNATURE: <i>[Signature]</i>	CERT #: 7136
	PHONE #: (503) 845-3496	

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: Detroit water ID #41: 00267 WTP: A Month/Year: NOV 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]
1/08:35	1.2	66	79.2	14.7	7.8	28	yes	50
2/09:03	1.0	66	66	16.5	7.9	18	yes	80
3/08:50	.88	66	58.08	14.8	8.0	28	yes	80
4/08:15	.88	66	58.08	21.6	8.3	16	yes	80
5/11:30	.80	66	51.82	12.4	7.6	17	yes	80
6/07:36	.87	66	57.42	11.0	7.4	22	yes	90
7/08:29	.91	66	60.06	25.9	8.3	22	yes	60
8/08:32	.94	66	62.04	21.9	8.2	22	yes	50
9/08:10	.91	66	60.06	21.7	8.2	22	yes	50
10/08:17	.97	66	64.02	19.9	8.1	22	yes	50
11/10:41	1.04	66	68.64	21.4	8.2	22	yes	60
12/10:41	1.07	66	70.62	19.6	8.1	22	yes	60
13/13:25	1.09	66	71.92	22.2	8.2	22	yes	80
14/10:31	1.12	66	73.92	21.7	8.2	22	yes	70
15/08:39	1.00	66	71.28	10.9	7.7	19	yes	60
16/08:24	1.08	66	71.28	17.5	8.1	22	yes	60
17/08:40	1.08	66	71.28	19.4	8.2	22	yes	50
18/07:49	1.10	66	72.6	14.4	8.1	33	yes	100
19/10:30	1.03	66	67.9	9.8	8.11	38	yes	80
20/08:30	1.10	66	72.6	12.0	8.2	31	yes	70
21/07:58	1.05	66	69.3	20.9	8.9	28	yes	50
22/08:02	1.01	66	66.6	14.3	8.9	40	yes	50
23/08:23	1.00	66	66	8.5	8.0	36	yes	50
24/10:12	1.01	66	66.6	8.2	8.2	33	yes	60
25/09:30	1.60	66	66	11	8.3	33	yes	60
26/12:14	1.02	66	67.3	11.9	8.4	33	yes	60
27/11:15	1.04	66	68.6	10.9	8.4	33	yes	60
28/07:50	1.03	66	67.9	11.4	8.5	33	yes	40
29/08:09	.98	66	64.6	10.7	8.5	33	yes	40
30/08:00	.95	66	62.7	10.7	8.5	33	yes	50
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.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350