

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: 12 - 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
2	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
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
8		0.01	0.01		0.01	0.01	0.01
9	0.01	0.01	0.01			0.01	0.01
10	0.01		0.01	0.01		0.01	0.01
11	0.01			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	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	0.01
19		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	0.01
22							0.01
23							0.01
24							0.01
25	0.01	0.01	0.01	0.01	0.01	0.01	0.01
26	0.01	0.01	0.01	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	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
31	0.01			0.01	0.01		0.01

Slow Sand/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 / 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: Robert Bruce	
	SIGNATURE: <i>Robert Bruce</i>	DATE: 1-3-23
	PHONE #: (503) 1854-3496	CERT #: 7136

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 system ID #41: 00257 WTP: A 12 Month/Year: 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]
1/08/24	.89	66	58.7	11.2	8.6	39	yes	50
2/09/22	.88	66	58.0	12.6	8.6	39	yes	50
3/09/00	.86	66	56.7	11.4	8.5	40	yes	51
4/12/21	.99	66	65.3	12.6	8.4	33?	yes	50
5/10/46	1.04	66	68.64	15.4	8.4	22	yes	50
6/10/08	1.05	66	69.5	13.7	8.6	40	yes	40
7/07/44	1.08	66	71.2	13.1	8.6	40	yes	50
8/10/59	1.08	66	71.2	10	8.4	33	yes	50
9/10/06	1.04	66	68.64	10.2	8.5	33	yes	70
10/10/00	1.01	66	62.7	8.1	8.4	33	yes	60
11/11/58	.98	66	64.6	9.0	8.4	33	yes	70
12/6/55	.95	66	62.7	10.0	8.5	33	yes	70
13/06/43	.93	66	61.3	9.4	8.5	43	yes	70
14/10/19	.90	66	59.4	3.5	8.0	51	yes	60
15/08/13	.99	66	65.3	13.5	8.4	33	yes	50
16/10/43	1.00	66	66	11.0	8.4	33	yes	60
17/10/39	1.01	66	66.6	11.0	8.3	33	yes	60
18/10/22	1.04	66	68.6	10.6	8.3	33	yes	60
19/10/45	1.00	66	66	8.9	8.3	33	yes	60
20/10/29	1.07	66	70.6	12.0	8.4	33	yes	60
21/10/00	1.00	66	66	11.1	8.5	33	yes	60
22/10/11	.97	66	64.02	6.0	8.1	43	yes	60
23/10/01	.94	66	62.04	11.7	8.2	45	yes	70
24/1	1.02	66	67.32	15.0	8.6	22	yes	80
25/1	.94	66	62.50	14.3	8.7	30	yes	70
26/11/03	.90	66	59.4	28.2	8.8	39	yes	60
27/10/37	.90	66	59.4	12.6	8.3	33	yes	150
28/10/30	1.3	66	85.8	12.3	8.4	34	yes	0
29/10/30	1.2	66	79.2	10.0	7.1	23	yes	0
30/10/58	1.2	66	79.2	12.1	7.4	23	yes	40
31/10/51	1.2	66	79.2	8.6	7.4	31	yes	50

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours
 Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf Revised September 2016

Return by 10th of following month by email, fax, or mail to:
 dwp.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350