

**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: 2-2023

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			0.01
2		0.01	0.01				0.01
3			0.01				0.01
4			0.01			0.001	0.01
5			0.01			0.001	0.01
6			0.01		0.01	0.001	0.01
7		0.01			0.01		0.01
8			0.01	0.01			0.01
9	0.01						0.01
10				0.01			0.01
11	0.01			0.01	0.01		0.01
12	0.01			0.01	0.01		0.01
13		0.01				0.01	0.01
14			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
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
21	0.01			0.01		0.01	0.01
22	0.01			0.01			0.01
23	0.01		0.01				0.01
24	0.01	0.01	0.01			0.01	0.01
25			0.01		0.01		0.01
26	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
29							
30							
31							

Slow Sand 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 / <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: Robert Bruce	
	SIGNATURE: Robert Bruce	DATE: 2-2-23
	PHONE #: (503) 854-3490	CERT #: 7130

<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: DETROIT WATER SYSTEM ID #41: 00257 WTP: A Month/Year: FEB 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]
1/0800	1.1	66	72.6	12.8	7.7	28	yes	40
2/0731	1.1	66	72.6	13.4	7.7	28	yes	40
3/0746	1.0	66	72.6	11.9	7.6	28	yes	35
4/0800	1.1	66	72.6	12.4	7.7	28	yes	40
5/0741	1.0	66	72.6	14.5	7.8	28	yes	50
6/0805	1.1	66	72.6	15.7	7.9	19	yes	30
7/0725	1.0	66	66	16.3	7.9	18	yes	30
8/0736	1.0	66	66	13.5	7.9	18	yes	40
9/0747	1.04	66	68.64	7.7	7.7		yes	50
10/0915	1.04	66	68.6	14.0	7.8	28	yes	50
11/0837	1.04	66	68.6	12.2	7.8	28	yes	40
12/1036	1.04	66	68.6	12.6	7.9	23	yes	40
13/722	1.05	66	69.3	12.0	7.8	28	yes	40
14/0731	1.09	66	71.9	10.2	7.8	28	yes	50
15/0708	1.11	66	73.26	11.4	7.9	28	yes	50
16/0736	1.12	66	73.92	12.5	7.8	28	yes	50
17/0700	1.12	66	73.92	11.7	7.8	28	yes	50
18/0743	1.14	66	75.2	14.6	7.8	29	yes	50
19/0830	1.14	66	75.2	14.6	7.8	28	yes	50
20/0740	1.16	66	76.5	17.1	7.8	28	yes	50
21/0723	1.15	66	75.9	14.5	7.8	28	yes	50
22/0700	1.16	66	76.5	19.7	7.9	19	yes	30
23/722	1.12	66	73.92	10.7	7.8	28	yes	30
24/816	1.11	66	72.6	10.8	7.8	28	yes	40
25/725	1.09	66	71.9	11.7	7.6	28	yes	30
26/1400	1.08	66	71.2	10.8	7.8	28	yes	50
27/0647	1.0	66	66	4.1	7.2	42	yes	50
28/0818	1.0	66	66	2.6	7.2	42	yes	50
29/								
30/								
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