

**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:** 3-2023

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
3			0.01				0.01
4			0.01				0.01
5			0.01		0.01		0.01
6		0.01	0.01				0.01
7			0.01			0.01	0.01
8		0.01		0.01			0.01
9	0.01			0.01		0.01	0.01
10	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
15	0.01			0.01			0.01
16	0.01						0.01
17		0.01			0.01		0.01
18		0.01		0.01			0.01
19	0.01	0.01	0.01	0.01	0.01		0.01
20		0.01		0.01		0.01	0.01
21	0.01			0.01			0.01
22	0.01			0.01			0.01
23		0.01		0.01	0.01		0.01
24	0.01			0.01	0.01		0.01
25	0.01			0.01	0.01		0.01
26	0.01	0.01		0.01	0.01		0.01
27		0.01		0.01			0.01
28	0.01			0.01			0.01
29	0.01						0.01
30							0.01
31	0.01			0.01			0.01

Slow Sand <u>Membrane/DE</u> 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: Robert Bruce	
	SIGNATURE: Robert Bruce	DATE: 4-3-23
	PHONE #: 1503 1854-3496	CERT #: 7130

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: 60257 WTP: A Month/Year: Feb 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]
1/0821	1.08	66	71.28	2.7	7.2	43	yes	60
2/0812	1.06	66	71.28	3.3	7.3	43	yes	60
3/0752	1.08	66	71.28	3.1	7.2	43	yes	60
4/0810	1.05	66	69.3	2.7	7.3	43	yes	50
5/0813	1.06	66	69.9	3.1	7.3	43	yes	60
6/0906	1.07	66	70.6	7	7.8	37	yes	40
7/0746	1.04	66	68.64	4.4	7.5	31	yes	40
8/0711	1.04	66	68.64	9.3	7.7	37	yes	40
9/0700	1.03	66	67.98	5.8	7.5	37	yes	40
10/1210	1.03	66	67.98	5.0	7.3	37	yes	40
11/0127	1.04	66	68.64	6.7	7.6	37	yes	40
12/0910	1.06	66	69.96	5.4	7.2	31	yes	40
13/0754	1.05	66	69.3	11.0	7.8	37	yes	50
14/0836	1.04	66	68.6	9.3	7.8	37	yes	40
15/1108	1.05	66	69.3	9.6	7.7	37	yes	50
16/1133	1.00	66	66.0	12.8	7.7	37	yes	30 ⁴⁰
17/0922	1.07	66	69.5	11.5	7.7	36	yes	60
18/1111	1.07	66	70.5	11.1	7.6	28	yes	60
19/0715	1.07	66	70.62	11.4	7.5	23	yes	50
20/0831	1.06	66	69.96	11.4	7.7	28	yes	50
21/0849	1.06	66	69.96	11.9	7.8	28	yes	50
22/1037	1.07	66	70.62	11.8	7.8	28	yes	50
23/0938	1.09	66	71.94	10.0	7.7	28	yes	40
24/0750	1.09	66	71.94	10.0	7.6	28	yes	40
25/0331	1.10	66	72.6	11.3	7.7	28	yes	50
26/0931	1.08	66	71.2	11.5	7.8	28	yes	50
27/0853	1.08	66	71.2	10.6	7.7	28	yes	40
28/0950	1.07	66	70.6	8.7	7.6	28	yes	40
29/1029	1.07	66	70.6	11.1	7.6	28	yes	40
30/0801	1.06	66	69.9	8.9	7.6	28	yes	50
31/1105	1.12	66	73.9	12.0	7.5	28	yes	55

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