

**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: April 23

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
5		0.01		0.01			0.01
6	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
10			0.01				0.01
11		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			0.01		0.01
18			0.01	0.01			0.01
19	0.01						0.01
20	0.01	0.01		0.01	0.01		0.01
21	0.01					0.01	0.01
22	0.01	0.01	0.01			0.01	0.01
23			0.01				0.01
24	0.01				0.01		0.01
25		0.01		0.01			0.01
26	0.01			0.01	0.01		0.01
27	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	0.01	0.01	0.01
31							

Slow Sand Membrane/DE Filtration/Unfiltered Monthly Summary	Monthly Summary (Answer Yes or No)	
	95% of daily turbidity readings ≤ 1 NTU? ² Yes/No All daily turbidity readings ≤ 5 NTU? Yes/No	CT's met everyday? (see back) Yes/No
Notes:	PRINTED NAME: Robert Bruce	
	SIGNATURE: Robert Bruce	DATE: 5-2-23
	PHONE #: (503) 854-3490	CERT #:

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: WTP: Month/Year: 4-1-23 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]	CXT	[° C]		Use tables	Yes / No	[GPM]
1/0130	1.12	66	73.92	11.9	7.65	33	yes	50
2/0131	1.13	66	74.58	11.0	7.62	33	yes	50
3/1009	1.08	66	71.28	11.7	7.75	28	yes	50
4/1109	1.09	66	71.94	11.4	7.75	28	yes	50
5/0815	1.08	66	71.28	9.7	7.55	37	yes	40
6/0819	1.06	66	69.96	11.7	7.7	28	yes	40
7/1058	1.08	66	71.28	11.5	7.6	28	yes	40
8/10:00	1.07	66	70.62	11.4	7.7	28	yes	50
9/1032	1.09	66	71.94	11.7	7.7	28	yes	40
10/0914	1.09	66	71.94	11.7	7.7	28	yes	40
11/0216	1.07	66	70.62	9.1	7.5	31	yes	40
12/1000	1.09	66	71.9	12.1	7.7	28	yes	50
13/0900	1.10	66	72.6	12.8	7.6	28	yes	50
14/0910	1.12	66	73.9	9.7	7.4	27	yes	50
15/0822	1.13	66	74.5	4.5	7.2	21	yes	50
16/0908	1.19	66	78.3	19.7	7.6	26	yes	60
17/0809	1.13	66	74.5	13.7	7.6	28	yes	50
18/0916	1.13	66	74.5	9.7	7.7	37	yes	50
19/0831	1.12	66	73.9	9.4	7.6	37	yes	50
20/0927	1.11	66	73.2	9.8	7.6	37	yes	50
21/1000	1.12	66	73.9	10.4	7.7	28	yes	50
22/0800	1.11	66	72.6	9.7	7.6	37	yes	50
23/1154	1.13	66	74.58	7.5	7.5	31	yes	50
24/1122	1.14	66	75.24	6.7	7.5	31	yes	40
25/905	1.15	66	75.9	7.3	7.5	31	yes	40
26/945	1.16	66	76.5	7.2	7.6	37	yes	40
27/1004	1.18	66	77.8	8.3	7.6	37	yes	-
28/0910	1.21	66	79.8	8.7	7.5	35	yes	70
29/0929	1.25	66	82.5	9.9	7.6	38	yes	1400
30/0746	1.29	66	85.1	10.0	7.6	38	yes	170
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