

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: May 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			
2		0.01	0.01	0.01			
3	0.01			0.01			
4	0.01			0.01			
5	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			
10	0.01			0.01			
11	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	0.01		0.01	
15			0.01	0.01		0.01	
16	0.01	0.01		0.01	0.01		
17	0.01	0.01		0.01	0.01		
18	0.01			0.01			
19	0.01	0.01			0.01		
20							
21	0.01	0.01	0.01	0.01	0.01	0.01	
22	0.01	0.01	0.01	0.01	0.01	0.01	
23	0.01	0.01	0.01		0.01	0.01	
24			0.01	0.01		0.01	
25	0.01		0.01				
26			0.01	0.01			
27	0.01				0.01	0.01	
28	0.01			0.01	0.01	0.01	
29	0.01	0.01	0.01	0.01	0.01	0.01	
30	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 <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: <u>Robert Bruce</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>6-1-23</u>
	PHONE #: <u>503 1854-3490</u>	CERT #: <u>7136</u>

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: 5-1-23

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]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/0800	1.3	66	85.8	10	7.8	28	yes	50
2/0835	1.2	66	79.2	9	7.8	37	yes	50
3/0906	1.2	66	79.2	9.8	7.9	37	yes	50
4/0934	1.2	66	79.2	8.5	7.8	37	yes	40
5/2000	1.1	66	72.6	8.1	7.9	37	yes	50
6/10:24	1.05	66	71.28	7.8	8.0	37	yes	50
7/10:16	1.02	66	67.32	7.5	7.9	37	yes	50
8/08:27	1.02	66	67.32	7.5	8.00	37	yes	50
9/08:41	.98	66	64.68	7.5	8.0	36	yes	25
10/09:52	.97	66	64.02	8.6	8.1	36	yes	25
11/07:56	1.01	66	66.66	10.5	8.0	28	yes	30
12/11:30	1.05	65	69.3	8.0	11.0	28	yes	80
13/08:10	1.06	66	69.9	11.7	7.9	38	yes	80
14/08:44	1.16	66	76.5	12.5	7.9	28	yes	120
15/07:53	1.19	66	78.5	13.5	8.0	28	yes	100
16/09:46	1.18	66	77.88	11.8	8.1	33	yes	100
17/08:00	1.2	66	79.2	13.1	7.9	28	yes	110
18/09:04	1.2	66	79.2	12.3	7.6	28	yes	70
19/10:00	1.1	66	72.6	13.0	7.8	28	yes	100
20/10:52	1.0	66	66	12.0	7.9	27	yes	150
21/10:52	1.0	66	66	13.3	8.2	33	yes	120
22/8:56	.87	66	57.43	10.6	8.2	32	yes	70
23/07:42	.93	66	61.38	9.4	8.2	43	yes	100
24/11:33	.94	66	62.04	9.5	8.2	43	yes	100
25/07:50	.93	66	61.38	10.1	8.2	33	yes	100
26/09:51	.94	66	62.04	10.5	8.1	32	yes	130
27/07:48	1.05	66	69.3	9.8	8.1	32	yes	140
28/06:58	1.05	66	69.5	10.4	8.1	38	yes	150
29/06:31	1.1	66	72.6	10.6	8.2	33	yes	100
30/06:45	1.0	66	66	11.3	8.2	33	yes	100
31/06:51	1.0	66	66	10.7	8.3	33	yes	100

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