

**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:**

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	0.01	0.01
2	0.01	0.01	0.01	0.01	0.01	0.01	0.01
3	0.01	0.01	0.01	0.01	0.01	0.01	0.01
4	0.01	0.01	0.01	0.01	0.01	0.01	0.01
5	0.01	0.01	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
11	0.01	0.01	0.01	0.01	0.01		0.01
12	0.01		0.01	0.01	0.01		0.01
13	0.01		0.01	0.01	0.01	0.01	0.01
14	0.01	0.01	0.01	0.01			0.01
15	0.01	0.01	0.01	0.01	0.01	0.01	0.01
16	0.01	0.01	0.01	0.01	0.01	0.01	0.01
17	0.01		0.01	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	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	0.01	0.01
22	0.01	0.01	0.01	0.01	0.01	0.01	0.01
23	0.01	0.01	0.01	0.01	0.01	0.01	0.01
24	0.01		0.01	0.01	0.01	0.01	0.01
25		0.01	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		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
30	0.01	0.01	0.01	0.01	0.01	0.01	0.01
31	0.01	0.01	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>[Signature]</i>	DATE: 8-3-73
	PHONE #: (503) 854-3496	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: _____

ID #41: _____

WTP: _____ Month/Year: _____

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]
1/0928	1.0	66	66	12.8	7.2	22	yes	180
2/0945	.99	66	65.3	12.6	7.3	22	yes	250
3/0903	.85	66	56.1	14.5	7.4	22	yes	200
4/1053	1.1	66	72.6	14.5	7.3	23	yes	200
5/1008	1.2	66	79.2	15.0	7.3	15	yes	180
6/0858	1.1	66	72.6	15.0	7.3	15	yes	150
7/1140	1.0	66	66.0	14.3	7.2	14	yes	230
8/0530	.98	66	67	15.9	7.2	14	yes	230
9/0255	.98	66	67	15.5	7.1	14	yes	180
10/0800	.98	66	67	15.1	7.1	14	yes	170
11/1148	1.0	66	66	14.5	7.1	22	yes	130
12/1106	1.0	66	66	14.4	7.0	19	yes	150
13/1003	1.0	66	66	14.5	7.0	19	yes	160
14/0845	1.0	66	66	16.0	7.1	15	yes	160
15/0910	1.0	66	66	15.9	7.0	13	yes	150
16/0900	1.0	66	66	16.0	6.9	13	yes	200
17/0101	1.0	66	66	16.0	6.9	13	yes	150
18/0830	.95	66	62.7	15.3	6.9	13	yes	150
19/0845	.89	66	58.7	15.5	6.9	13	yes	200
20/0850	1.1	66	72.6	16.5	6.8	13	yes	200
21/1130	1.2	66	73.1	16.1	6.3	13	yes	230
22/0130	1.3	66	85.8	16.3	6.7	24	yes	230
23/0956	1.3	66	85.7	16.4	6.7	19	yes	22
24/1014	1.3	66	85.8	16	6.7	13	yes	200
25/0939	1.3	66	85.8	15.7	6.7	13	yes	150
26/0804	1.0	66	66	18.8	6.6	13	yes	150
27/1126	1.0	66	66	19.3	6.8	13	yes	200
28/1233	.99	66	65.34	19.2	6.7	13	yes	150
29/1145	.90	66	59.4	19.1	6.8	13	yes	180
30/1023	.82	66	54.1	19.2	6.7	13	yes	200
31/817	.95	66	62.7	19.1	6.7	13	yes	150

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