

Sept 2023

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 <sup>1</sup> [NTU]
1	0.01		0.01		0.01	0.01	0.01
2	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
5	0.01		0.01	0.01		0.01	0.01
6	0.01	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	0.01	0.01
10		0.01	0.01	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
15	0.01	0.01		0.01	0.01	0.01	0.01
16	0.01		0.01		0.01	0.01	0.01
17	0.01	0.01	0.01	0.01	0.01	0.01	0.01
18	0.01	0.01	0.01	0.01	0.01	0.01	0.01
19	0.01	0.01	0.01	0.01	0.01	0.01	0.01
20	0.01	0.01	0.01	0.01	0.01	0.01	0.01
21		0.01	0.01		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	0.01
25	0.01	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	0.01	0.01
28			0.01				0.01
29	0.01	0.01	0.01	0.01	0.01		0.01
30	0.01		0.01				0.01
31							

Slow Sand <input checked="" type="checkbox"/> 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 / 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>Robert Bruce</i>	DATE: 10-2-23
	PHONE #: (503) 854-3496	CERT #: 7136

<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: \_\_\_\_\_

ID #41: \_\_\_\_\_

WTP: \_\_\_\_\_ Month/Year: \_\_\_\_\_

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]
1/0746	1.20	66	75.3	17.2	7.1	13	yes	180
2/0909	1.16	66	76.5	18.3	7.2	20	yes	400
3/1102	1.16	66	76.5	18.4	7.2	20	yes	400
4/1113	1.10	66	78.6	17.6	7.2	15	yes	150
5/0858	1.07	66	70.62	16.8	7.2	15	yes	150
6/0838	1.1	66	72.6	16.4	7.1	15	yes	150
7/1149	1.1	66	72.6	16.0	7.3	15	yes	200
8/0938	1.1	66	72.6	16.0	7.2	15	yes	150
9/2501	1.16	66	76.5	16.7	7.3	15	yes	150
10/10	1.18	66	77.8	16.5	7.2	15	yes	150
11/0833	1.18	66	77.8	16.4	7.4	15	yes	150
12/0923	1.18	66	77.8	16.5	7.4	15	yes	150
13/0849	1.1	66	72.6	16.3	7.5	15	yes	150
14/0732	1.1	66	72.6	16.4	7.5	15	yes	150
15/0730	1.1	66	72.6	16.4	7.5	15	yes	280
16/1030	1.1	66	72.6	17.3	7.5	19	yes	270
17/0830	1.1	66	72.6	17.8	7.3	19	yes	270
18/0925	1.0	66	66	17.7	7.5	11	yes	150
19/0700	1.0	66	66	16.4	7.5	11	yes	150
20/0848	1.0	66	66	15.7	7.6	14	yes	150
21/0821	1.0	66	66	15.4	7.6	14	yes	150
22/0945	1.0	66	66	15.1	7.5	15	yes	150
23/1105	1.0	66	66	15.6	7.5	15	yes	150
24/10.56	1.0	66	66	16.7	7.6	18	yes	150
25/0944	1.0	66	66	15.0	7.6	18	yes	150
26/0916	1.0	66	66	14.1	7.5	22	yes	150
27/0848	1.0	66	66	14.1	7.5	22	yes	150
28/0940	.9	66	59.4	14.4	7.5	22	yes	150
29/1022	0.85	66	59.2	14.3	7.5	22	yes	130
30/1045	.82	66	61.0	14.5	7.5	12	yes	140
31/1101								

<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