

**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: 9-23

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		0.01	0.01	
2	0.01		0.01	0.01		0.01	0.01	
3			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	
7				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	0.01	
11	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	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	
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	0.01	
21		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	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		0.01	0.01	
28	<hr/>							NT Reading
29	<hr/>							NT Reading
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 (Answer Yes or No)	
Monthly Summary	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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		
Notes:	PRINTED NAME: Robert Bruce	DATE: 11-1-23
	SIGNATURE: <i>Robert Bruce</i>	CERT #: 7136
	PHONE #: (503) 854-3496	

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]
1/10/25	.83	66	61.1	15.1	7.5	12	yes	150
2/11/00	.83	66	54.28	13.9	7.5	15	yes	150
3/08/40	.86	66	56.7	13.8	7.5	22	yes	150
4/10/19	.90	66	59.4	14.1	7.5	22	yes	150
5/11/20	.88	66	58.08	14.2	7.6	27	yes	150
6/11/13	.92	66	60.7	17.3	7.5	15	yes	150
7/11/13	.9	66	59.4	16.7	7.2	15	yes	150
8/10/34	1.0	66	66	17.4	7.3	15	yes	140
9/9/37	1.1	66	72.6	17.6	7.4	15	yes	150
10/11/00	1.1	66	72.6	17.1	7.3	15	yes	150
11/10/05	1.1	66	72.6	16.2	7.4	15	yes	150
12/10/52	1.1	66	72.6	16.4	7.4	15	yes	100
13/09/01	1.05	66	69.3	16.3	7.3	15	yes	160
14/09/22	1.09	66	65.74	16.8	7.2	22	yes	150
15/09/45	1.00	66	66.0	12.0	7.0	15	yes	150
16/09/55	.95	66	64.6	16.9	7.3	15	yes	150
17/08/50	.98	66	64.6	15.4	7.0	13	yes	150
18/02/05	1.01	66	66	15.2	7.0	13	yes	150
19/01/22	1.0	66	66	15.8	7.0	12	yes	100
20/10/22	.97	66	64.0	16.8	7.2	15	yes	100
21/11/02	1.0	66	66	16.6	7.1	15	yes	150
22/10/00	.99	66	65.3	16.6	7.2	15	yes	150
23/08/20	1.0	66	66	16.2	7.2	15	yes	100
24/09/31	1.0	66	66	14.4	7.2	22	yes	100
25/10/41	1.1	66	72.6	15.4	7.4	15	yes	100
26/12/00	1.0	66	66	14.3	7.9	18	yes	130
27/09/42	1.0	66	66	14.3	7.1	15	yes	130
28/11/30	1.0	66	66	12.2	6.0	13	yes	130
29/11/10	1.0	66	66	12.3	6.9	19	yes	120
30/10/28	.98	66	64.68	14.2	7.1	22	yes	100
31/10/48	1.0	66	66	17.6	7.0	13	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