

OHA - Drinking Water Services – Turbidity Monitoring Report Form County:   
 Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

GFA and Screen

System Name: CITY OF DETROIT ID #: 00257 WTP-: A Month/Year: NOV 2023

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	0.0	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
4	0.01		0.01	0.01	0.01		0.01
5		0.01	0.01	0.0	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
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
11			0.01	0.01	0.01	0.01	0.01
12		0.01	0.01				0.01
13	0.01		0.01		0.01	0.01	0.01
14	DOWN						
15	DOWN						
16	DOWN						
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
19			0.01	0.01			0.01
20			PLANT DOWN				
21			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	0.01
24	0.01	0.01	0.01	0.01	0.01	0.01	0.01
25	0.01	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
28	0.01	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	0.01
31							

Slow Sand/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 / <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>Robert Bruce</u>	DATE: <u>12-5-23</u>
	PHONE #: <u>(503) 854-3496</u>	CERT #: <u>7130</u>

<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: **CITY OF DETROIT**

ID #41: **00257**

WTP-: **A** Month/Year: **NOV 2023**

Log Requirement (Circle One): **0.5** 1.0

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st 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]
1/0958	1.0	66	66	17.8	7.0	13	yes	70
2/1501	1.1	66	72.6	19.3	6.9	13	yes	70
3/1700	1.0	66	66	18.6	7.0	13	yes	70
4/1700	1.0	66	66	18.6	7.0	13	yes	70
5/1200	1.0	66	66	17.5	6.9	13	yes	70
6/0906	1.0	66	66	17.6	7.1	15	yes	60
7/0700	1.0	66	66	17.6	6.7	13	yes	50
8/0700	1.2	66	66	16.5	6.5	11	yes	60
9/0700	1.0	66	66	17.6	6.7	13	yes	60
10/10:00	1.0	66	66	15.0	6.5	14	Yes	50
11/1051	1.1	66	72.6	15.9	6.6	13	yes	60
12/1030	1.1	66	72.6	15.3	6.6	13	yes	50
13/0945	1.1	66	72.6	16.0	6.6	13	yes	50
14/0858	1.1	66	72.6	15.6	6.6	13	yes	50
15/0800	1.2	66	79.2	16.4	6.7	13	yes	50
16/1000	↑		PLANT DOWN					
17/0830	1.3	66	85.8	15.9	6.7	13	yes	50
18/1030	1.3	66	85.8	16.7	6.7	13	yes	90
19/12:12	1.3	66	85.8	16.9	6.4	13	yes	50
20/10:00	Plant Down							
21/1030	1.3	66	85.8	15.9	6.8	13	yes	50
22/0823	1.3	66	85.8	16.5	6.9	13	yes	60
23/10144	1.3	66	85.8	17.8	6.9	13	yes	70
24/10436	1.3	66	85.8	17.0	6.7	13	yes	70
25/1030	1.1	66	72.6	15.8	6.8	13	yes	70
26/1000	1.90	66	59.4	9.4	6.9	25	yes	80
27/10:00	1.76	66	50.1	8.5	7	24	yes	80
28/10:30	1.68	66	44.8	7.8	7.1	29	yes	50
29/11:00	1.66	66	43.5	7.8	7.0	24	yes	60
30/1130	1.68	66	44.8	6.9	7.1	29	yes	50
31/10:45	1.60	66	39.6	6.5	7.5	29	yes	60

<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