

OHA - Drinking Water Services - Surface Water Quality Data Form  
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County:   
 Month/Year: SKID 2 March 2024  
 WTP: TP -

System Name: Detroit ID#: 41 00257

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R  
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R

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							
2							
3							
4							
5							
6				0.01			0.01
7	0.01	0.01	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		5.01		0.01	0.01
10		0.01	0.01	0.01		0.01	0.01
11			0.01				
12			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	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	0.01
18	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
20			0.01		0.01	0.01	0.01
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	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	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	0.01	0.01
27	0.01	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	0.01

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes:		PRINTED NAME: <u>Robert Bruce</u>	
		SIGNATURE: <u>[Signature]</u>	DATE: <u>4-3-24</u>
		PHONE #: <u>(523) 854-3490</u>	CERT #: <u>7136</u>

<sup>1</sup> Including continuous NTU 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 Services - Surface Water Quality Data Form

WTP-:

System Name: Detroit

ID#: 41 00257

Month/Year: March 2024

Disinfection *Giardia* Log

Inactiv:

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]		formula	Yes / No	[GPM]
1	1.3	66	85	7.0	7.7	38	yes	85
2	1.4	66	92	6.8	7.5	38	yes	100
3	1.4	66	92	6.1	7.5	38	yes	75
4	1.3	66	85	5.9	7.6	38	yes	100
5	1.3	66	85	5.9	7.6	38	yes	100
6	1.2	66	79	5.8	7.6	37	yes	80
7	1.2	66	79	6.1	7.6	37	yes	125
8	1.2	66	79	5.7	7.6	37	yes	120
9	1.0	66	66	6.1	7.4	36	yes	180
10	1.0	66	66	6.3	7.0	36	yes	180
11	1.1	66	72	6.5	7.5	36	yes	125
12	1.0	66	66	6.4	7.5	37	yes	75
13	1.1	66	72	6.1	7.3	37	yes	75
14	1.1	66	72	6.3	7.6	37	yes	825
15	1.2	66	79	6.2	7.6	37	yes	75
16	1.2	66	79	6.1	7.6	37	yes	125
17	1.2	66	79	6.1	7.2	37	yes	125
18	1.1	66	72	5.9	7.1	30	yes	90
19	1.1	66	72	6.2	7.0	30	yes	100
20	1.2	66	79	6.7	7.6	37	yes	90
21	1.1	66	72	6.5	7.3	30	yes	80
22	1.0	66	72	9.0	7.7	37	yes	100
23	1.0	66	72	8.4	7.7	37	yes	125
24	1.0	66	72	9.4	7.8	37	yes	100
25	1.0	66	72	9.4	7.8	37	yes	100
26	1.0	66	72	8.9	7.8	37	yes	95
27	1.0	66	72	8.8	7.8	37	yes	95
28	1.2	66	79	8.2	7.7	37	yes	75
29	1.2	66	79	7.8	7.6	37	yes	75
30	1.2	66	79	8.6	7.7	37	yes	100
31	1.2	66	79	8.2	7.6	37	yes	100

<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 November 2022

Return by 10th of following month by email, fax, or mail to:

dwp.dmce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350