

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

SWD 2

County: Madison  
 Month/Year: 4-1-24

System Name: CITY OF DETROIT ID#: 41 00757

WTP: TP -

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	0.01	0.01
2	0.01			0.01		0.01	0.01
3	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
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
10	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	0.01
13	0.01	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
16			0.01	0.01		0.01	0.01
17			0.01	0.01		0.01	0.01
18	0.01		0.01		0.01		0.01
19		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
22			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
25	0.01		0.01				0.01
26				0.01	0.01	0.01	0.01
27			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
31							0.01

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b> 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		<b>Monthly Summary (Answer Yes or No)</b> CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
Notes:		PRINTED NAME: <u>Robert Bruce</u> SIGNATURE: <u>Robert Bruce</u> DATE: <u>5-6-24</u> PHONE #: <u>(833) 854-3496</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- :  
 Disinfection *Giardia* Log  
 Inactiv: 0.5

System Name: *City of Detroit* ID#: *4100257* Month/Year: *April 2024*

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	1.2	66	79	7.4	7.6	37	yes	100
2	1.2	66	79	8.2	7.7	37	yes	100
3	1.2	66	79	8.1	7.7	37	yes	80
4	1.2	66	79	7.7	7.7	37	yes	80
5	1.2	66	79	7.2	7.7	37	yes	100
6	1.3	66	85.8	7.0	7.7	38	yes	90
7	1.1	66	72.6	7.4	7.8	37	yes	70
8	1.0	66	66	7.7	7.8	36	yes	50
9	1.0	66	66	8.6	7.8	36	yes	90
10	1.0	66	66	8.4	7.8	36	yes	80
11	1.1	66	72	7.7	7.8	37	yes	75
12	1.2	66	79	9.3	7.9	37	yes	90
13	1.3	66	86	9.5	7.9	38	yes	95
14	1.3	66	86	10.6	7.9	<del>38</del> 28	yes	100
15	1.1	66	72	9.9	8.0	37	yes	100
16	1.1	66	72	9.2	8.0	37	yes	345
17	1.0	66	66	7.9	8.0	36	yes	200
18	1.0	66	66	8.5	8.0	36	yes	275
19	1.0	66	66	9.1	8.0	36	yes	350
20	1.2	66	79	9.1	8.0	37	yes	350
21	1.1	66	72	9.1	8.0	37	yes	300
22	1.1	66	72	8.4	8.0	37	yes	300
23	1.1	66	72	8.9	8.0	37	yes	200
24	1.2	66	79	10.3	8.0	28	yes	175
25	1.2	66	79	10.7	8.0	28	yes	250
26	1.3	66	86	9.7	7.6	37	yes	55
27	1.2	66	79	9.1	7.7	37	yes	75
28	1.3	66	86	8.9	7.8	37	yes	125
29	1.3	66	86	9.2	7.8	37	yes	125
30	1.3	66	86	8.5	7.8	37	yes	145
31								

<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

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

SKD 1

County: Macomb  
 Month/Year: 4-1-24  
 WTP: TP -

System Name: City of Detroit ID#: 41 00257

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]
NR 1							
NR 2							
3				0.01	0.01		0.01
4				0.01			0.01
5	0						
6							
7							
8							
9							
10							
11							
12							
13							
14	0.01	0.01	0.01	0.01	0.01		0.01
15	0.01	0.01	0.01	0.01			0.01
16	0.01	0.01	0.01				0.01
17							
18							
19							
20							
21		0.01		0.01	0.01		0.01
22							
23							
24			0.01				0.01
25							
26				0.01			0.01
27							
28							
29							
30					0.01		0.01
31							

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b> 95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input checked="" type="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		<b>Monthly Summary (Answer Yes or No)</b> CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No	
Notes:		PRINTED NAME: <u>Robert Bruce</u> SIGNATURE: <u>Robert Bruce</u> DATE: <u>5-6-24</u> PHONE #: <u>(503) 854-3496</u> CERT #: <u>7130</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.