

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

County: Macomb

Month/Year: 08/2024

System Name: Detroit Water ID#: 41 00257

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							
2	0.01	0.01	0.01	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
5	0.01	0.01	0.01		0.01	0.01	0.01
6	0.01		0.01	0.01		0.01	0.01
7		0.01	0.01	0.01	0.01	0.01	0.01
8			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
11			0.01	0.01	0.01	0.01	0.01
12	0.01	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	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	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	0.01	0.01
22	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
29	0.01		0.01				0.01
30			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> 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		<b>Monthly Summary (Answer Yes or No)</b> CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No	
Notes:		PRINTED NAME: <u>Robert Bruce</u> SIGNATURE: <u>[Signature]</u> DATE: <u>9-9-24</u> PHONE #: <u>(503) 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.

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SKD 1

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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				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
5	0.01		0.01				0.01
6			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
10	0.01	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
13							
14			0.01				0.01
15			0.01				0.01
16				0.01			0.01
17							
18							
19	0.01	0.01	0.01				0.01
20							
21			0.01	0.01			0.01
22			0.01				0.01
23							
24							
25				0.01			0.01
26					0.01		0.01
27				0.01			0.01
28			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
31				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 Cl <sub>2</sub> 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>9-9-24</u>
		PHONE #: <u>(503) 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- :

System Name: Detroit Water ID#: 41 00257 Month/Year: Aug 24

Disinfection *Giardia* Log

Inactiv:

0.5

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	1.1	66	72	20.5	7.5	14	yes	240
2	1.0	66	66	20.6	7.5	14	yes	295
3	1.4	66	92.4	20.4	7.5	14	yes	300
4	1.5	66	99	19.4	7.5	14	yes	295
5	1.3	66	85	20.2	7.5	14	yes	350
6	1.2	66	79	20.1	7.5	14	yes	310
7	1.2	66	79	20.0	7.5	14	yes	275
8	1.3	66	85	18.2	7.4	28	yes	270
9	1.3	66	85	18.5	7.4	28	yes	250
10	1.3	66	85	19.6	7.5	28	yes	285
11	1.3	66	85	19.8	7.5	28	yes	250
12	1.3	66	85	19.9	7.5	28	yes	250
13	1.2	66	79	19.2	7.5	28	yes	170
14	1.0	66	66	18.1	7.5	27	yes	350
15	1.0	66	66	19.0	7.5	27	yes	350
16	1.0	66	66	18.4	7.5	27	yes	325
17	1.1	66	72	18.6	7.4	27	yes	230
18	1.0	66	72	18.1	7.5	27	yes	280
19	1.0	66	66	17.9	7.4	27	yes	240
20	1.0	66	66	17.8	7.4	24	yes	260
21	1.2	66	79	17.0	7.3	28	yes	370
22	1.3	66	85	18.1	7.4	28	yes	290
23	1.3	66	85	17.7	7.4	28	yes	190
24	1.2	66	79	15.6	7.3	28	yes	190
25	1.2	66	79	16.8	7.3	28	yes	225
26	1.3	66	85	17.3	7.4	28	yes	200
27	1.3	66	85	16.0	7.4	28	yes	340
28	1.3	66	85	16.4	7.4	28	yes	260
29	1.3	66	85	16.6	7.4	28	yes	220
30	1.2	66	79	17.1	7.5	28	yes	220
31	1.2	66	79	16.2	7.4	28	yes	310

<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