

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

County: Madison  
 Month/Year: September 2024  
 WTP: TP -

System Name: Detroit water ID#: 4# 00257 **Slud 2**

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		0.00	0.01	0.01	0.01	0.01
3	0.01	0.01	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
6	0.01	0.01	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	0.01	0.01
11					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
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	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
19	0.01		0.01	0.01	0.01	0.01	0.01
20	0.01		0.01		0.01	0.01	0.01
21	0.01	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
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
25	0.01		0.01	0.01	0.01		0.01
26	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	0.01
28				0.01	0.01	0.01	0.01
29	0.01	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> 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>10-8-24</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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County: Madison  
 Month/Year: September 2024  
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System Name: Detroit water ID#: 41 00257

SUID 1

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
3							0.01
4			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
8	0.01	0.01	0.01	0.01	0.01	0.01	0.01
9			0.01				0.01
10					0.01		0.01
11		0.01	0.01	0.01	0.01		0.01
12							
13							
14							
15							
16							
17							
18		0.01	0.01	0.01	0.01	0.01	0.01
19	0.01	0.01	0.01				0.01
20			0.01				
21							
22					0.01		0.01
23					0.01		0.01
24							
25							
26							
27							
28				0.01	0.01	0.01	0.01
29	0.01	0.01					0.01
30			0.01				0.01
31							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>Robert Bruce</u>	DATE: <u>10-8-24</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

ID#: 41

Month/Year: 9-1-2024

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	16.5	7.5	27	yes	335
2	1.3	66	85	18.3	7.5	28	yes	250
3	1.3	66	85	17.6	7.6	28	yes	175
4	1.3	66	85	17.3	7.5	28	yes	150
5	1.3	66	85	17.0	7.4	28	yes	200
6	1.2	66	79	19.1	7.5	28	yes	330
7	1.0	66	66	19.5	7.5	27	yes	325
8	1.0	66	66	19.4	7.5	27	yes	325
9	1.0	66	66	19.2	7.5	27	yes	240
10	1.0	66	66	18.8	7.5	27	yes	160
11	1.0	66	66	18.1	7.5	27	yes	270
12	1.2	66	79	17.4	7.5	28	yes	220
13	1.1	66	72	17.2	7.5	27	yes	225
14	1.0	66	66	17.3	7.5	27	yes	170
15	1.0	66	66	17.0	7.6	27	yes	260
16	1.0	66	66	16.4	7.6	27	yes	200
17	1.2	66	79	15.4	7.5	28	yes	225
18	1.2	66	79	15.3	7.6	28	yes	220
19	1.3	66	85	15.3	7.6	28	yes	230
20	1.4	66	93	15.7	7.6	28	yes	340
21	1.3	66	85	15.2	7.6	28	yes	175
22	1.1	66	72	15.6	7.6	27	yes	175
23	1.2	66	79	15.9	7.6	28	yes	350
24	1.2	66	79	16.9	7.6	28	yes	225
25	1.2	66	79	17.2	7.7	28	yes	180
26	1.0	66	66	15.9	7.7	27	yes	110
27	0.75	66	50	16.0	7.7	22	yes	185
28	0.79	66	52	16.4	7.7	22	yes	105
29	1.0	66	66	16.2	7.7	27	yes	120
30	1.1	66	72	14.7	7.7	27	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