

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

County: Madison
 Month/Year: 10/2024
 WTP: TP -

System Name: Detroit

ID#: 41

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the day ¹ [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		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
5	0.01	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	0.01	0.01	0.01
9	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
11	0.01	0.01	0.01	0.01	0.01	0.01	0.01
12	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
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
18		0.01	0.01	0.01			0.01
19							
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
25							
26							
27							
28							
29							
30							
31							

Slow Sand/Membrane/DE Filtration/Unfiltered 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		Monthly Summary (Answer Yes or No) 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> PHONE #: <u>(503) 854-3496</u> DATE: <u>11-1-24</u> CERT #: <u>7136</u>	

¹ 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. ² Filtered systems only.

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 ¹ [NTU]
1							
2							
3				0.01			0.01
4			0.01				0.01
5							
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
9			0.01				0.01
10							
11			0.01				0.01
12			0.01				0.01
13				0.01			0.01
14							
15							
16							
17							
18		0.01	0.01		0.01	0.01	0.01
19		0.01	0.01				0.01
20			0.01	0.01			0.01
21							
22					0.01		0.01
23							
24				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	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	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
31	0.01	0.01	0.01	0.01	0.01	0.01	0.01

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="radio"/> Yes / <input type="radio"/> No	All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	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>11-1-24</u>
		PHONE #: <u>(503) 854-3496</u>	CERT #: <u>7136</u>

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OHA - Drinking Water Services - Surface Water Quality Data Form

WTP-:

System Name: Detroit

ID#: 41

Month/Year: Oct
Nov 2024

Disinfection *Giardia* Log
Inactiv:

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[°C]		formula	Yes / No	[GPM]
1	1.1	66	72	14.8	7.7	27	Yes	160
2	1.2	66	79	15.4	7.7	28	Yes	160
3	1.2	66	79	14.3	7.7	28	Yes	175
4	1.2	66	79	14.4	7.7	28	Yes	150
5	1.2	66	79	13.9	7.7	28	Yes	125
6	1.2	66	79	13.5	7.7	28	Yes	400
7	1.2	66	79	13.3	7.7	28	Yes	400
8	1.0	66	66	13.7	7.7	27	Yes	400
9	1.1	66	72	13.5	7.7	27	Yes	400
10	1.2	66	79	13.3	7.7	28	Yes	400
11	1.2	66	79	13.0	7.7	28	Yes	400
12	1.2	66	79	13.6	7.7	28	Yes	400
13	1.3	66	85	13.9	7.7	28	Yes	400
14	1.3	66	85	14.2	7.7	28	Yes	300
15	1.4	66	92	14.1	7.7	28	Yes	140
16	1.4	66	92	14.4	7.7	28	Yes	200
17	1.4	66	92	13.0	7.7	28	Yes	190
18	1.4	66	92	12.1	7.7	28	Yes	160
19	1.4	66	92	12.0	7.7	28	Yes	135
20	1.3	66	85	11.7	7.7	28	Yes	135
21	1.3	66	85	12.0	7.7	28	Yes	130
22	1.3	66	85	11.5	7.7	28	Yes	100
23	1.4	66	92	12.8	7.7	28	Yes	60
24	1.4	66	92	13.9	7.7	28	Yes	60
25	1.4	66	92	13.8	7.7	28	Yes	60
26	1.40	66	92	13.1	7.0	28	Yes	75
27	1.40	66	92	14.9	7.5	28	Yes	75
28	1.8	66	118	12.9	7.5	30	Yes	100
29	1.6	66	105	12.3	7.6	29	Yes	95
30	1.2	66	79	11.1	7.6	28	Yes	90
31	1.1	66	72	10.9	7.5	27	Yes	100

³ If Cl₂ 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
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