OHA - DWS

Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **Detroit Water System**

Month/Year: **Sep-2025**

PWS ID#: 41 - **00257**

Minimum test pressure **applied**: **17.48** psi

Plant ID: WTP - **A** *(e.g., "A")*

Minimum test pressure **req'd**: **17.48** psi

DIT = Direct Integrity Test on filter(s) [Yes, No, or "off" if all filters are offline] ⇨

PDR = Pressure Decay Rate

LRC = Log Removal Credit

PDR_{Max} [$^{psi}/_{min}$]	LRC [log removal]	DIT Daily
0.080	4.00	

Day	CFE Daily Turbidity [NTU]	Highest CFE♣ [NTU]	Highest IFE [NTU] (>15 minutes)	Highest PDR of day [$^{psi}/_{min}$]	Lowest $LRV_{ambient}$ of day [log removal]	[Y/N] or "off"
1	0.024		0.024	0.033	4.49	
2	0.024		0.024	0.033	4.49	
3	0.139		0.139	0.033	4.50	
4	0.024		0.024	0.030	4.55	
5	0.024		0.024	0.028	4.57	
6	0.024		0.024	0.028	4.58	
7	0.024		0.024	0.031	4.53	
8	0.024		0.024	0.031	4.52	
9	0.024		0.024	0.024	4.65	
10	0.024		0.024	0.027	4.57	
11	0.024		0.024	0.031	4.52	
12	0.031		0.031	0.031	4.53	
13	0.024		0.024	0.029	4.56	
14	0.025		0.025	0.026	4.60	
15	0.027		0.027	0.026	4.61	
16	0.028		0.028	0.031	4.52	
17	0.030		0.030	0.031	4.53	
18	0.032		0.032	0.031	4.46	
19	0.035		0.035	0.031	4.46	
20	0.037		0.037	0.033	4.43	
21	0.041		0.041	0.033	4.43	
22	0.044		0.044	0.032	4.45	
23	0.047		0.047	0.032	4.45	
24	0.051		0.051	0.031	4.46	
25	0.054		0.054	0.031	4.46	
26	0.058		0.058	0.026	4.54	
27	0.064		0.064	0.026	4.53	
28	0.069		0.069	0.026	4.53	
29	0.077		0.077	0.029	4.49	
30	0.083		0.083	0.029	4.48	
31						

Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU? [Y/N]	All turbidity readings ≤ 5 NTU? [Y/N]	All IFE turbidity readings ≤ 0.15 NTU? [Y/N]	Performance std met? [Y/N] ($PDR \le PDR_{Max}$, $LRV \ge LRC$)	DIT Daily?
Yes	**Yes**	**Yes**	**Yes**	

CT's met daily? (p. 2)	All Cl_2 residual at EP ≥ 0.2 $^{mg}/_{L}$?	$PDR \le PDR_{Max}$?	$LRV_{ambient} \ge LRC$?
		Yes	**Yes**

PRINTED NAME: Robert Bruce

SIGNATURE: Robert Bruce

DATE: 10-2-25

WT CERT #: 7136

PHONE #:

Notes:

♣ *Used for optimization purposes only.*

OHA - Drinking Water Services – Turbidity Monitoring Report
Conventional or Direct Filtration

County: Marion SKD 1

Name: City of Detroit ID #41: 00257 WTP-: A Month/Year: Sept 2025

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
3							
4			0.01	0.01			0.01
5			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		0.01
9		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
12			0.01	0.01	0.01	0.01	0.01
13	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
16	0.01	0.01					0.01
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				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
23			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
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
30							
31							

Conventional or Direct Filtration Monthly Summary

95% of the 4-hour turbidity readings ≤ 0.3 NTU? (Yes) / No
All the 4-hour turbidity readings ≤ 1 NTU? (Yes) / No
All turbidity readings < IFE[2] triggers? (Yes) / No [2]

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) (Yes) / No

All Cl_2 residuals at entry point ≥ 0.2 mg/l? (Yes) / No

Notes:

PRINTED NAME: Robert Bruce

SIGNATURE: Robert Bruce DATE: 10-2-25

PHONE #: (503) 854-3496 CERT #: 7136

[1] Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum. [2] IFE = Individ. Filter Effl. (OAR 333-061-0040(1)(d)(B&C))

OHA - Drinking Water Services – Turbidity Monitoring Report
Conventional or Direct Filtration

County: Marion

SWTP 2

Name: City of Detroit ID #41: 00257 WTP-: A Month/Year: Sept 2025

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
2			0.01			0.01	0.01
3			0.01				0.01
4	0.01		0.01			0.01	0.01
5			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
9			0.01				
10			0.01	0.01	0.01	0.01	0.01
11			0.01				0.01
12			0.01				0.01
13			0.01			0.01	0.01
14							
15							
16				0.01	0.01		0.01
17			0.01	0.01	0.01	0.01	0.01
18	0.01		0.01				0.01
19			0.01			0.01	0.01
20		0.01	0.01			0.01	0.01
21		0.01			0.01	0.01	0.01
22	0.01		0.01				0.01
23			0.01			0.01	0.01
24	0.01	0.01	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
28			0.01	0.01			0.01
29			0.01		0.01	0.01	0.01
30		0.01	0.01		0.01	0.01	0.01
31							

Conventional or Direct Filtration Monthly Summary

95% of the 4-hour turbidity readings ≤ 0.3 NTU? (Yes) / No
All the 4-hour turbidity readings ≤ 1 NTU? (Yes) / No
All turbidity readings < IFE[2] triggers? (Yes) / No [2]

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) (Yes) / No

All Cl_2 residuals at entry point ≥ 0.2 mg/l? (Yes) / No

Notes:

PRINTED NAME: Robert Bruce

SIGNATURE: Robert Bruce DATE: 10-2-25

PHONE #: (503) 854-3496 CERT #: 7136

[1] Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum. [2] IFE = Individ. Filter Effl. (OAR 333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program – Surface Water Quality Data Form - *Giardia* Inactivation

Name: City of Detroit **ID #41:** 00257 **WTP-:** A **Month/Year:** 9/25 **Log Requirement (Circle One):** (0.5) 1.0

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]		Use tables	Yes / No	[GPM]
1 /	.9	66	60	17.8	7.8	18	Yes	
2 /	.9	66	60	17.7	7.8	18	Yes	
3 /	.9	66	60	18.3	7.7	18	Yes	
4 /	.9	66	60	18.9	7.7	18	Yes	
5 /	.9	66	60	19.3	7.7	18	Yes	
6 /	.9	66	60	18.7	7.6	18	Yes	
7 /	.9	66	60	18.4	7.8	18	Yes	
8 /	.9	66	60	18.6	7.8	18	Yes	
9 /	.9	66	60	18.8	7.9	18	yes	
10 /	.9	66	60	17.9	7.9	18	yes	
11 /	1.0	66	66	18.5	7.9	18	yes	
12 /	1.0	66	66	18.0	7.9	18	yes	
13 /	1.0	66	66	16.8	7.9	18	Yes	
14 /	1.0	66	66	17.1	7.9	18	Yes	
15 /	1.0	66	66	17.1	7.9	18	Yes	
16 /	1.0	66	66	16.7	7.9	18	yes	
17 /	1.1	66	72	17.6	7.9	18	yes	
18 /	1.1	66	72	16.8	7.9	18	yes	
19 /	1.1	66	72	17.3	8.0	18	yes	
20 /	1.1	66	72	16.3	7.9	18	Yes	
21 /	1.0	66	66	16.3	7.9	18	Yes	
22 /	1.0	66	66	16.2	8.0	18	Yes	
23 /	1.1	66	72	16.2	8.0	18	yes	
24 /	1.1	66	72	16.6	8.0	18	yes	
25 /	1.1	66	72	16.8	7.9	18	yes	
26 /	1.0	66	66	15.6	8.0	18	yes	
27 /	1.0	66	66	15.8	8.0	18	Yes	
28 /	1.0	66	66	15.3	7.9	18	Yes	
29 /	.9	66	60	16.0	8.0	18	yes	
30 /	.9	66	60	15.8	8.0	18	yes	
31 /								

[3] If Cl_2 at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours

Revised November 2022

Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf

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