

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **Detroit Water System**

Month/Year: **Jan-2026**

PWS ID#: 41 - **00257**

Minimum test pressure applied: **17.48** psi

Plant ID: WTP - **A**

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

(e.g., "A")

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

PDR = Pressure Decay Rate

LRC = Log Removal Credit

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]	DIT Daily
						[Y/N] or "off"
				PDR_{Max} [^{psi}/_{min}]	LRC [log removal]	
				0.080	4.00	
1	0.123		0.123	0.024	4.60	
2	0.144		0.144	0.024	4.60	
3	0.144		0.144	0.055	4.59	
4	0.033		0.033	0.026	4.58	
5	0.039		0.039	0.024	4.62	
6	0.048		0.048	0.024	4.62	
7	0.054		0.054	0.028	4.52	
8	0.070		0.070	0.028	4.53	
9	0.084		0.084	0.022	4.63	
10	0.097		0.097	0.024	4.52	
11	0.022		0.022	0.024	4.53	
12	0.022		0.022	0.001	6.01	
13	0.022		0.022	0.001	6.01	
14	0.022		0.022	0.019	4.48	
15	0.022		0.022	0.024	4.61	
16	0.023		0.023	0.024	4.63	
17	0.024		0.024	0.025	4.57	
18	0.034		0.034	0.025	4.58	
19	0.046		0.046	0.022	4.66	
20	0.049		0.049	0.019	4.71	
21	0.065		0.065	0.024	4.58	
22	0.083		0.083	0.024	4.57	
23	0.024		0.024	0.022	4.63	
24	0.026		0.026	0.021	4.64	
25	0.026		0.026	0.023	4.38	
26	0.027		0.027	0.023	4.59	
27	0.032		0.032	0.019	4.60	
28	0.035		0.035	0.021	4.44	
29	0.038		0.038	0.022	4.61	
30	0.039		0.039	0.025	4.55	
31	0.041		0.041	0.026	4.55	

Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU? [Y/N] Yes	All turbidity readings ≤ 5 NTU? [Y/N] Yes	All IFE turbidity readings ≤ 0.15 NTU? [Y/N] Yes	Performance std met? [Y/N] (PDR ≤ PDR _{Max} , LRV ≥ LRC) Yes	DIT Daily?
CT's met daily? (p. 2)	All Cl ₂ residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR _{Max} ? Yes	LRV _{ambient} ≥ LRC? Yes	

PRINTED NAME: **Robert Bruce**
 SIGNATURE: *Robert Bruce*
 Notes:

DATE: **2-2-26**
 WT CERT #: **7130**
 PHONE #: **503-854-3496**

* Used for optimization purposes only.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP: :

System Name:

ID#: 41

Month/Year: January 2026

Disinfection *Giardia* Log

Inactiv: :

0.5

Date / Time	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	1.0	66	66	11.9	6.5	16	yes	
2	.9	66	59	13.3	6.8	18	yes	
3	.9	66	59	10.9	6.4	20	yes	
4	.6	66	39	12.2	6.7	18	yes	
5	.9	66	59	10.1	6.3	16	yes	
6	.9	66	59	11.2	6.7	18	yes	
7	.9	66	59	13.8	6.7	18	yes	
8	1.0	66	66	10.9	6.8	19	yes	
9	1.1	66	72	12.6	6.2	16	yes	
10	1.3	66	86	14.5	6.8	13	yes	
11	1.3	66	86	15.7	6.5	13	yes	
12	1.3	66	86	14.9	6.5	18	yes	
13	1.1	66	72	14.6	6.5	16	yes	
14	1.0	66	66	14.3	6.5	16	yes	
15	1.0	66	66	14.9	6.6	19	yes	
16	.8	66	53	12.2	6.1	15	yes	
17	1.5	66	99	11.6	6.0	14	yes	
18	1.6	66	106	10.2	5.7	14	yes	
19	1.6	66	105	13.7	6.7	20	yes	
20	1.6	66	105	11.8	5.9	14	yes	
21	1.5	66	99	10.7	5.7	14	yes	
22	1.3	66	86	9.5	5.7	18	yes	
23	1.4	66	92	9.7	5.8	18	yes	
24	1.7	66	112	12.0	6.1	14	yes	
25	1.7	66	112	14.6	6.4	14	yes	
26	1.4	66	92	10.2	5.9	14	yes	
27	1.3	66	86	14.4	6.5	16	yes	
28	1.2	66	79	10.9	6.0	13	yes	
29	1.1	66	72	10.1	5.8	13	yes	
30	.9	66	59	12.2	5.7	13	yes	
31	1.4	66	92	12.5	5.7	18	yes	

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