

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **Detroit Water System**

Month/Year: **February 2026**

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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 minutes)	PDR _{Max} [^{psi} / _{min}]	LRC [log removal]	DIT Daily
				0.080	4.00	
				Highest PDR of day [^{psi} / _{min}]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.042		0.042	0.026	4.55	
2	0.049		0.049	0.026	4.55	
3	0.039		0.039	0.018	4.73	
4	0.072		0.072	0.023	4.60	
5	0.091		0.091	0.025	4.57	
6	0.106		0.106	0.025	4.57	
7	0.118		0.118	0.025	4.58	
8	0.120		0.120	0.019	4.66	
9	0.080		0.080	0.018	4.70	
10	0.084		0.084	0.021	4.61	
11	0.036		0.036	0.021	4.61	
12	0.040		0.040	0.022	4.59	
13	0.117		0.117	0.022	4.66	
14	0.130		0.130	0.026	4.59	
15	0.059		0.059	0.026	4.59	
16	0.069		0.069	0.027	4.56	
17	0.081		0.081	0.023	4.64	
18	0.148		0.148	0.023	4.64	
19	0.110		0.110	0.023	4.64	
20	0.032		0.032	0.021	4.66	
21	0.036		0.036	0.025	4.58	
22	0.040		0.040	0.025	4.59	
23	0.051		0.051	0.022	4.65	
24	0.058		0.058	0.022	4.66	
25	0.063		0.063	0.023	4.64	
26	0.095		0.095	0.023	4.65	
27	0.108		0.108	0.022	4.66	
28	0.147		0.147	0.022	4.67	
29						
30						
31						

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*

DATE: **3-5-20**
WT CERT #: **7130**
PHONE #: **503-854-3496**

Notes:

* Used for optimization purposes only.

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

Name: _____

ID #41: _____

WTP: _____

Month/Year: 02/2026

Log Requirement
(Circle One) 0.5 1.0

Date / Time	Minimum Cl ₂ Residual at 1 st 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/	1.2	66	79	12.8	5.7	13	Yes	
2/	1.2	66	79	14.0	5.8	13	yes	
3/	1.0	66	66	13.6	5.7	13	yes	
4/	.8	66	53	12.0	5.7	13	yes	
5/	.8	66	53	14.1	6.4	15	yes	
6/	.5	66	33	14.3	6.5	15	yes	
7/	.5	66	33	10.3	5.8	15	Yes	
8/	.5	66	33	13.6	6.7	15	Yes	
9/	.7	66	46	12.3	5.9	13	yes	
10/	.8	66	53	12.9	5.8	13	Yes	
11/	1.2	66	79	13.8	5.7	13	Yes	
12/	1.2	66	79	17.0	6.2	9	Yes	
13/	1.2	66	79	12.6	5.7	9	Yes	
14/	1.7	66	112	14.8	5.8	14	Yes	
15/	1.7	66	112	15.6	6.2	9	Yes	
16/	1.7	66	112	13.3	5.6	14	Yes	
17/	1.5	66	99	11.2	5.3	14	yes	
18/	1.2	66	79	13.4	5.7	13	Yes	
19/	1.4	66	92	10.4	5.3	14	yes	
20/	1.4	66	92	13.1	5.7	14	yes	
21/	1.6	66	106	8.7	5.0	19	Yes	
22/	1.5	66	99	8.5	5.1	19	Yes	
23/	1.3	66	86	11.8	6.4	16	yes	
24/	1.2	66	79	13.2	5.9	13	yes	
25/	1.0	66	66	11.1	5.3	13	yes	
26/	1.0	66	66	14.8	6.3	16	yes	
27/	.9	66	59	14.2	6.3	16	yes	
28/	1.2	66	79	15.3	6.1	9	Yes	
29/								
30/								
31/								

³ If Cl₂ 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