

OHA - Drinking Water Services – Turbidity Monitoring Report Form County:
 Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: Detroit Water System ID #: 00257 WTP:- A Month/Year: April 2021

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							
4				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	0.01	0.01
7	0.01	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
10				0.01	0.01	0.01	0.01
11	0.01	0.01	0.01	0.01			0.01
12				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
15		0.01	0.01	0.01			0.01
16							
17			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
21							
22			0.01	0.01	0.01		0.01
23							
24							
25			0.01	0.01	0.01	0.01	0.01
26	0.01	0.01					0.01
27			0.01	0.01	0.01	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
31							

Slow Sand Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
Monthly Summary	CT's met everyday? (see back) Yes/No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? Yes/No
95% of daily turbidity readings ≤ 1 NTU? ² Yes/No		
All daily turbidity readings ≤ 5 NTU? Yes/No		
Notes:	PRINTED NAME: Robert Bruce	DATE: 4-5-21
	SIGNATURE: Robert Bruce	CERT #: 7136
	PHONE #: (503) 854-3496	

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 Filtered systems only.

OHA - Drinking Water Services – Surface Water Quality Data Form

System Name: Detroit Water System ID #: 00257 WTP: A Month/Year: April 2021

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]	CXT	[° C]		Use tables	Yes / No	[GPM]
1 /								
2 /								
3 /								
4 /								
5 /								
6 /	OFF		Line					
7/0930	1.65	66	109	8.5	7.8	3.0	yes	?
8/1200	1.70	66	112	8.3	7.8	3.1	yes	
9/1100	1.84	66	121	8.4	7.7	3.0	yes	
10/0850	1.75	66	116	8.4	7.7	3.0	yes	
11/1230	1.64	66	108	8.4	7.8	3.1	yes	
12/1315	1.53	66	101	8.3	7.9	3.2	yes	
13/1400	1.47	66	97	8.0	7.8	3.1	yes	
14/0900	1.34	66	88	8.4	7.8	3.0	yes	
15/0915	1.22	66	81	8.1	7.8	3.0	yes	
16/0900	1.21	66	80	8.1	7.8	3.0	yes	
17/0900	1.00	66	66	8.2	7.8	2.9	yes	
18/1140	.80	66	53	8.0	7.8	2.9	yes	
19/1145	.73	66	48	8.1	7.8	2.8	yes	
20/1030	.74	66	49	9.0	7.7	2.6	yes	
21/1100	.75	66	63	9.2	7.7	2.6	yes	
22/1230	.96	66	63	9.5	7.8	2.6	yes	
23/1100	1.13	66	75	9.4	7.8	2.7	yes	
24/0900	1.15	66	76	9.3	7.8	2.7	yes	
25/1200	1.18	66	78	9.2	7.8	2.8	yes	
26/0930	1.25	66	83	9.1	7.8	2.8	yes	
27/1000	1.22	66	81	9.0	7.9	2.9	yes	
28/1100	1.04	66	69	9.4	7.9	2.8	yes	
29/1330	1.06	66	70	10.5	7.9	2.6	yes	
30/0800	1.00	66	66	10.6	7.8	2.5	yes	
31 /								

³ If Cl₂ at entry point < 0.2 mg/l OR CT not met, notify DWS within 24 hours. Revised September 2016
 Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf

Return by 10th of following month by email, fax, or mail to:
 dwp_dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350