

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Wasco
Month/Year: Jan-22

Conventional or Direct Filtration

System Name:	City of The Dalles						ID#: 41-00869	WTP : A
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	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
2	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
3	0.05	0.05	0.05	0.05	0.06	0.06	0.06	
4	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
5	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
6	0.05	0.05	0.05	0.06	0.05	0.05	0.06	
7	0.05	0.05	0.06	0.05	0.05	0.06	0.06	
8	0.05	0.05	0.05	0.06	0.05	0.06	0.06	
9	0.05	0.05	0.05	0.06	0.06	0.05	0.06	
10	0.05	0.05	0.06	0.05	0.05	0.05	0.06	
11	0.05	0.05	0.06	0.00	0.05	0.06	0.06	
12	0.05	0.06	0.06	0.06	0.06	0.05	0.06	
13	0.05	0.05	0.05	0.04	0.04	0.04	0.05	
14	0.05	0.05	0.05	0.05	0.04	0.04	0.05	
15	0.05	0.05	0.05	0.04	0.04	0.04	0.05	
16	0.04	0.05	0.05	0.04	0.04	0.04	0.05	
17	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
18	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
19	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
20	0.05	0.05	0.06	0.05	0.05	0.05	0.06	
21	0.05	0.05	0.05	0.06	0.05	0.05	0.06	
22	0.06	0.05	0.05	0.05	0.05	0.05	0.06	
23	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
24	0.05	0.06	0.06	0.05	0.06	0.05	0.06	
25	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
26	0.05	0.05	0.06	0.05	0.05	0.05	0.06	
27	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
28	0.05	0.05	0.06	0.05	0.05	0.05	0.06	
29	0.05	0.06	0.05	0.05	0.05	0.05	0.06	
30	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
31	0.05	0.05	0.05	0.06	0.05	0.05	0.06	

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 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
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		
All turbidity readings < IFE ² triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		
Notes:	PRINTED NAME: Larry McCollum	DATE: 08 Feb 22
	SIGNATURE:	CERT #: T-08756
	PHONE #: (541) 298-2248 x5000	

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 IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name:	City of The Dalles	ID#: 41	-00869	Month/Year:	Jan-22	WTP : A	
						Disinfection Giardia Log Inactive:	1

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 / 0900	1.27	1987	2523.5	7.5	7.85	63.6	YES	1390
2 / 0900	1.24	1654	2051.0	7.2	7.80	63.5	YES	1670
3 / 0900	1.17	1654	1935.2	6.2	7.71	65.3	YES	1670
4 / 0900	1.19	1654	1968.3	7.4	7.70	60.1	YES	1670
5 / 0900	1.19	1424	1694.6	7.9	7.69	57.9	YES	1940
6 / 0900	1.14	1424	1623.4	7.0	7.80	63.6	YES	1940
7 / 0900	1.18	1424	1680.3	7.0	7.64	60.3	YES	1940
8 / 0900	1.12	1424	1594.9	6.0	7.55	62.1	YES	1940
9 / 0900	1.17	1424	1666.1	5.8	7.44	60.8	YES	1940
10 / 0900	1.15	1424	1637.6	5.7	7.63	65.5	YES	1940
11 / 0900	1.15	1424	1637.6	6.5	7.72	64.0	YES	1940
12 / 0900	1.22	1424	1737.3	7.9	7.50	54.2	YES	1940
13 / 0900	1.25	1424	1780.0	7.3	7.50	56.7	YES	1940
14 / 0900	1.2	1424	1708.8	7.5	7.59	57.4	YES	1940
15 / 0900	1.21	1424	1723.0	6.7	7.54	59.6	YES	1940
16 / 0900	1.2	1424	1708.8	6.5	7.58	61.2	YES	1940
17 / 0900	1.2	1424	1708.8	6.9	7.42	56.2	YES	1940
18 / 0900	1.17	1424	1666.1	7.2	7.41	54.7	YES	1940
19 / 0900	1.25	1424	1780.0	6.9	7.41	56.4	YES	1940
20 / 0900	1.15	1424	1637.6	4.2	7.47	68.4	YES	1940
21 / 0900	1.25	1244	1555.0	4.5	7.20	61.5	YES	2220
22 / 0900	1.18	1244	1467.9	3.7	7.15	63.2	YES	2220
23 / 0900	1.18	1244	1467.9	3.2	7.29	68.9	YES	2220
24 / 0900	1.18	1244	1467.9	3.1	7.00	62.4	YES	2220
25 / 0900	1.18	1328	1567.0	4.1	7.23	63.3	YES	2080
26 / 0900	1.22	1328	1620.2	5.3	7.39	62.2	YES	2080
27 / 0900	1.14	1328	1513.9	3.2	7.50	74.0	YES	2080
28 / 0900	1.14	1328	1513.9	2.9	7.72	81.9	YES	2080
29 / 0900	1.23	1424	1751.5	2.6	7.44	76.2	YES	1940
30 / 0900	1.2	1654	1984.8	2.4	7.42	76.5	YES	1670
31 / 0900	1.17	1424	1666.1	3.6	7.27	66.4	YES	1940

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

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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 97293-0950

PRINTED NAME: Larry McCollum