

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

County:	Wasco
Month/Year:	Mar-22

System Name:		City of The Dalles		ID#:			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	0.05	0.05	0.05
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	0.05	0.05	0.05	0.05
7		0.05	0.05	0.05	0.05	0.05	0.05	0.05
8		0.05	0.05	0.05	0.05	0.05	0.05	0.05
9		0.05	0.05	0.05	0.05	0.05	0.05	0.05
10		0.05	0.05	0.05	0.05	0.05	0.05	0.05
11		0.05	0.05	0.05	0.05	0.05	0.05	0.05
12		0.05	0.05	0.05	0.05	0.05	0.05	0.05
13		0.05	0.05	0.05	0.05	0.05	0.05	0.05
14		0.05	0.05	0.05	0.05	0.05	0.05	0.05
15		0.05	0.05	0.05	0.05	0.05	0.05	0.05
16		0.05	0.05	0.05	0.05	0.05	0.05	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	0.05	0.05	0.05	0.05	0.05
21		0.05	0.05	0.05	0.05	0.05	0.05	0.05
22		0.05	0.05	0.05	0.05	0.05	0.05	0.05
23		0.05	0.05	0.05	0.05	0.05	0.05	0.05
24		0.05	0.06	0.05	0.05	0.05	0.05	0.06
25		0.05	0.05	0.05	0.05	0.05	0.05	0.05
26		0.05	0.05	0.05	0.05	0.05	0.05	0.05
27		0.05	0.05	0.05	0.05	0.05	0.04	0.05
28		0.05	0.05	0.05	0.05	0.05	0.05	0.05
29		0.05	0.05	0.05	0.05	0.05	0.05	0.05
30		0.05	0.05	0.05	0.05	0.05	0.05	0.05
31		0.05	0.05	0.05	0.05	0.05	0.05	0.05
Conventional or Direct Filtration						Monthly Summary (Answer Yes or No)		
95% of 4-hour turbidity readings \leq 0.3 NTU? All 4-hour turbidity readings \leq 1 NTU? All turbidity readings < IFE ² triggers						Yes / No Yes / No Yes / No	CT's met everyday? (see back) Yes / No	All Cl2 residual at entry point \geq 0.2 mg/l? Yes / No
Notes:						PRINTED NAME: Larry McCellum SIGNATURE:  PHONE #: (541) 298-2248 x5000	DATE: April 1st, 2022 CERT #: T-08756	

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 Efl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP : A

System Name:	City of The Dalles	ID#:	41	-00869	Month/Year:	Mar-22	Disinfection Giardia Log Inactive:	1
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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	1.16	1244	1443.0	5.7	7.34	59.0	YES	2220
2 / 0900	1.18	1244	1467.9	5.5	7.28	58.7	YES	2220
3 / 0900	1.17	1244	1455.5	5.7	7.36	59.5	YES	2220
4 / 0900	1.11	1244	1380.8	4.4	7.29	62.9	YES	2220
5 / 0900	1.12	1244	1393.3	4.9	7.29	60.9	YES	2220
6 / 0900	1.13	1987	2245.3	4.7	7.26	61.1	YES	1390
7 / 0900	1.08	1424	1537.9	4.0	7.35	65.9	YES	1940
8 / 0900	1.11	1424	1580.6	5.9	7.31	57.2	YES	1940
9 / 0900	1.1	1424	1566.4	4.6	7.28	61.8	YES	1940
10 / 0900	1.26	1424	1794.2	5.8	7.18	56.0	YES	1940
11 / 0900	1.27	1424	1808.5	5.0	7.32	62.2	YES	1940
12 / 0900	1.25	1424	1780.0	4.4	7.21	62.1	YES	1940
13 / 0900	1.25	1424	1780.0	5.3	7.33	61.0	YES	1940
14 / 0900	1.26	1424	1794.2	6.2	7.27	56.3	YES	1940
15 / 0900	1.22	1424	1737.3	6.5	7.29	55.3	YES	1940
16 / 0900	1.23	1805	2220.2	6.0	7.37	58.9	YES	1670
17 / 0900	1.14	1424	1623.4	5.4	7.29	59.0	YES	1940
18 / 0900	1.17	1424	1666.1	5.9	7.28	57.0	YES	1940
19 / 0900	1.13	1424	1609.1	6.5	7.20	53.0	YES	1940
20 / 0900	1.21	1424	1723.0	5.2	7.23	59.0	YES	1940
21 / 0900	1.16	1424	1651.8	5.4	7.18	56.8	YES	1940
22 / 0900	1.12	1424	1594.9	6.7	7.20	52.2	YES	1940
23 / 0900	1.16	1424	1651.8	8.2	7.30	49.2	YES	1940
24 / 0900	1.13	1424	1609.1	7.6	7.39	52.7	YES	1940
25 / 0900	1.16	1424	1651.8	6.4	7.37	56.9	YES	1940
26 / 0900	1.19	1424	1694.6	6.9	7.26	53.0	YES	1940
27 / 0900	1.12	1424	1594.9	7.8	7.23	49.0	YES	1940
28 / 0900	1.1	1244	1368.4	8.7	7.32	47.6	YES	2220
29 / 0900	1.14	1105	1259.7	7.7	7.25	49.8	YES	2500
30 / 0900	1.16	1105	1281.8	8.3	7.25	48.0	YES	2500
31 / 0900	1.2	1105	1326.0	7.1	7.34	53.9	YES	2500

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

Revised July 2018

Return by 10th of following month by email, fax, or mail to:

dwp.dmcce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

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PRINTED NAME: Larry McCallum	DATE: April 1st, 2022
SIGNATURE: 	
PHONE #: (541) 298-2248 x5000	CERT #: T-08756