

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Wasco


Conventional or Direct Filtration

Month/Year: Apr-24

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	0.06	0.07	0.06	0.08	0.05	0.05	0.08
2	0.07	0.06	0.06	0.07	0.06	0.05	0.07
3	0.06	0.08	0.08	0.07	0.07	0.06	0.08
4	0.06	0.07	0.06	0.08	0.07	0.07	0.08
5	0.07	0.05	0.06	0.07	0.07	0.06	0.07
6	0.08	0.07	0.08	0.05	0.06	0.08	0.08
7	0.06	0.06	0.06	0.06	0.05	0.07	0.07
8	0.06	0.06	0.06	0.06	0.06	0.06	0.06
9	0.06	0.06	0.07	0.07	0.05	0.05	0.07
10	0.06	0.07	0.07	0.06	0.05	0.07	0.07
11	0.06	0.07	0.06	0.06	0.06	0.07	0.07
12	0.06	0.05	0.07	0.07	0.08	0.07	0.08
13	0.06	0.05	0.06	0.06	0.06	0.06	0.06
14	0.06	0.05	0.06	0.07	0.06	0.06	0.07
15	0.06	0.07	0.06	0.07	0.06	0.05	0.07
16	0.06	0.06	0.07	0.07	0.07	0.05	0.07
17	0.07	0.06	0.06	0.07	0.07	0.05	0.07
18	0.07	0.06	0.06	0.07	0.06	0.06	0.07
19	0.05	0.06	0.07	0.07	0.07	0.06	0.07
20	0.06	0.07	0.09	0.04	0.05	0.05	0.09
21	0.06	0.07	0.07	0.06	0.05	0.04	0.07
22	0.06	0.06	0.07	0.06	0.05	0.05	0.07
23	0.06	0.05	0.05	0.05	0.06	0.07	0.07
24	0.05	0.05	0.06	0.07	0.06	0.07	0.07
25	0.06	0.06	0.05	0.04	0.06	0.07	0.07
26	0.05	0.05	0.04	0.04	0.06	0.06	0.06
27	0.05	0.06	0.05	0.05	0.05	0.05	0.06
28	0.05	0.05	0.05	0.06	0.05	0.06	0.06
29	0.07	0.05	0.06	0.05	0.05	0.04	0.07
30	0.05	0.04	0.05	0.07	0.06	0.04	0.07

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 MAY 24
	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

WTP : A


System Name:	City of The Dalles	ID#: 41	-00869	Month/Year:	Apr-24	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	1.12	1244	1393.3	7.4	7.37	52.9	YES	2220
2 / 0900	1.15	1105	1270.8	7.8	7.35	51.3	YES	2500
3 / 0900	1.2	994	1192.8	8.3	7.34	49.8	YES	2780
4 / 0900	1.18	1105	1303.9	6.7	7.24	53.3	YES	2500
5 / 0900	1.16	1328	1540.5	6.4	7.46	58.8	YES	2080
6 / 0900	1.14	1328	1513.9	7.1	7.35	53.7	YES	2080
7 / 0900	1.14	1424	1623.4	6.2	7.29	55.9	YES	1940
8 / 0900	1.14	994	1133.2	7.1	7.32	53.2	YES	2780
9 / 0900	1.12	994	1113.3	7.5	7.33	51.8	YES	2780
10 / 0900	1.18	994	1172.9	7.8	7.36	51.7	YES	2780
11 / 0900	1.2	1105	1326.0	8.0	7.33	50.6	YES	2500
12 / 0900	1.16	1244	1443.0	8.6	7.35	48.7	YES	2220
13 / 0900	1.18	1244	1467.9	8.3	7.38	50.4	YES	2220
14 / 0900	1.15	1244	1430.6	9.5	7.34	45.7	YES	2220
15 / 0900	1.15	1046	1202.9	10.4	7.22	41.3	YES	2640
16 / 0900	1.14	1046	1192.4	7.9	7.21	48.5	YES	2640
17 / 0900	1.15	994	1143.1	7.5	7.41	53.5	YES	2780
18 / 0900	1.19	946	1125.7	7.0	7.44	56.2	YES	2920
19 / 0900	1.21	903	1092.6	7.3	7.38	54.0	YES	3060
20 / 0900	1.21	903	1092.6	8.6	7.35	49.0	YES	3060
21 / 0900	1.19	1046	1244.7	8.6	7.45	50.7	YES	2640
22 / 0900	1.1	1046	1150.6	8.0	7.49	52.9	YES	2640
23 / 0900	1.22	994	1212.7	8.6	7.40	49.9	YES	2780
24 / 0900	1.25	946	1182.5	9.1	7.40	48.5	YES	2920
25 / 0900	1.26	866	1091.2	9.7	7.38	46.3	YES	3190
26 / 0900	1.25	1046	1307.5	9.5	7.57	50.1	YES	2640
27 / 0900	1.21	1046	1265.7	9.4	7.38	47.0	YES	2640
28 / 0900	1.2	1244	1492.8	9.1	7.43	48.7	YES	2220
29 / 0900	1.16	866	1004.6	9.6	7.48	47.7	YES	3190
30 / 0900	1.26	866	1091.2	7.6	7.37	53.1	YES	3190

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

PRINTED NAME: Larry McCollum	DATE: 08 MAY 24
SIGNATURE: 	CERT #: T-08756
PHONE #: (541) 298-2248 x5000	