

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

County: **Wasco**
 Month/Year: **Jun-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	0.07	0.08	0.08	0.06	0.06	0.07	0.08
2	0.06	0.06	0.06	0.06	0.05	0.04	0.06
3	0.07	0.08	0.07	0.07	0.06	0.08	0.08
4	0.07	0.05	0.07	0.07	0.06	0.06	0.07
5	0.05	0.06	0.06	0.06	0.07	0.07	0.07
6	0.06	0.06	0.06	0.06	0.06	0.07	0.07
7	0.05	0.06	0.06	0.05	0.06	0.07	0.07
8	0.05	0.06	0.06	0.06	0.07	0.07	0.07
9	0.06	0.05	0.06	0.07	0.07	0.07	0.07
10	0.06	0.06	0.06	0.05	0.05	0.07	0.07
11	0.06	0.06	0.07	0.07	0.07	0.06	0.07
12	0.07	0.06	0.07	0.08	0.07	0.06	0.08
13	0.06	0.05	0.07	0.08	0.08	0.07	0.08
14	0.06	0.05	0.07	0.08	0.08	0.07	0.08
15	0.08	0.06	0.07	0.05	0.07	0.07	0.08
16	0.08	0.06	0.07	0.05	0.07	0.07	0.08
17	0.06	0.07	0.06	0.08	0.06	0.08	0.08
18	0.06	0.07	0.06	0.06	0.07	0.07	0.07
19	0.06	0.06	0.06	0.07	0.07	0.06	0.07
20	0.05	0.06	0.07	0.06	0.07	0.07	0.07
21	0.06	0.05	0.07	0.08	0.05	0.07	0.08
22	0.05	0.06	0.06	0.06	0.06	0.06	0.06
23	0.06	0.06	0.05	0.07	0.06	0.06	0.07
24	0.07	0.07	0.06	0.06	0.07	0.06	0.07
25	0.07	0.07	0.07	0.06	0.06	0.06	0.07
26	0.06	0.07	0.07	0.07	0.06	0.06	0.06
27	0.05	0.06	0.06	0.08	0.07	0.06	0.08
28	0.05	0.06	0.06	0.08	0.05	0.06	0.08
29	0.07	0.06	0.06	0.07	0.06	0.07	0.07
30	0.07	0.06	0.07	0.05	0.06	0.06	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**
 SIGNATURE: *[Signature]* DATE: **08 Jun 24**
 PHONE #: **(541) 298-2248 x5000** 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 Eff. (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:	Jun-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	1.17	737	862.3	13.1	7.46	37.4	YES	3750
2 / 0900	1.26	737	928.6	13.3	7.39	36.3	YES	3750
3 / 0900	1.13	737	832.8	13.0	7.37	36.2	YES	3750
4 / 0900	1.1	710	781.0	11.9	7.37	39.2	YES	3890
5 / 0900	1.15	686	788.9	12.6	7.41	37.8	YES	4028
6 / 0900	1.16	686	795.8	12.9	7.45	37.7	YES	4028
7 / 0900	1.16	686	795.8	14.0	7.43	34.8	YES	4028
8 / 0900	1.11	686	761.5	14.8	7.41	32.5	YES	4028
9 / 0900	1.14	686	782.0	15.0	7.40	32.1	YES	4028
10 / 0900	1.12	686	768.3	15.7	7.23	28.7	YES	4028
11 / 0900	1.17	686	802.6	14.5	7.28	31.9	YES	4028
12 / 0900	1.14	686	782.0	13.7	7.42	35.3	YES	4028
13 / 0900	1.29	686	884.9	12.8	7.45	38.5	YES	4028
14 / 0900	1.27	710	901.7	13.4	7.44	36.8	YES	3890
15 / 0900	1.24	710	880.4	13.8	7.44	35.7	YES	3890
16 / 0900	1.23	710	873.3	12.0	7.46	40.8	YES	3890
17 / 0900	1.27	710	901.7	11.1	7.64	46.3	YES	3890
18 / 0900	1.19	710	844.9	11.5	7.60	44.1	YES	3890
19 / 0900	1.19	710	844.9	12.6	7.64	41.4	YES	3890
20 / 0900	1.2	710	852.0	13.8	7.56	37.1	YES	3890
21 / 0900	1.2	710	852.0	14.5	7.54	35.2	YES	3890
22 / 0900	1.17	710	830.7	15.6	7.50	32.1	YES	3890
23 / 0900	1.2	710	852.0	15.6	7.49	32.1	YES	3890
24 / 0900	1.23	710	873.3	15.0	7.50	33.7	YES	3890
25 / 0900	1.2	710	852.0	14.4	7.58	36.0	YES	3890
26 / 0900	1.12	710	795.2	15.6	7.54	32.4	YES	3890
27 / 0900	1.18	710	837.8	14.4	7.51	35.0	YES	3890
28 / 0900	1.17	710	830.7	14.0	7.54	36.3	YES	3890
29 / 0900	1.14	710	809.4	15.5	7.56	32.9	YES	3890
30 / 0900	1.11	710	788.1	15.6	7.52	32.1	YES	3890

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: 07/30/24
SIGNATURE: 	CERT #: T-08756
PHONE #: (541) 298-2246 x5000	