

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

County: **Wasco**
 Month/Year: **Jul-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	0.06	0.06	0.08	0.06	0.06	0.08
2	0.06	0.05	0.05	0.07	0.05	0.07	0.07
3	0.05	0.08	0.07	0.06	0.07	0.05	0.08
4	0.05	0.05	0.07	0.08	0.07	0.06	0.08
5	0.06	0.05	0.06	0.06	0.07	0.07	0.07
6	0.05	0.06	0.05	0.06	0.06	0.06	0.06
7	0.05	0.07	0.06	0.07	0.07	0.07	0.07
8	0.05	0.05	0.06	0.07	0.05	0.06	0.07
9	0.07	0.06	0.05	0.06	0.05	0.06	0.07
10	0.07	0.07	0.05	0.06	0.07	0.07	0.07
11	0.05	0.06	0.05	0.07	0.09	0.06	0.09
12	0.07	0.05	0.06	0.05	0.07	0.07	0.07
13	0.06	0.05	0.06	0.06	0.07	0.06	0.07
14	0.06	0.07	0.06	0.06	0.06	0.05	0.07
15	0.08	0.05	0.09	0.06	0.06	0.05	0.09
16	0.06	0.06	0.05	0.06	0.06	0.07	0.07
17	0.06	0.07	0.05	0.05	0.05	0.05	0.07
18	0.05	0.05	0.04	0.06	0.06	0.05	0.06
19	0.07	0.05	0.07	0.04	0.06	0.07	0.07
20	0.04	0.05	0.07	0.05	0.04	0.06	0.07
21	0.05	0.05	0.06	0.05	0.05	0.06	0.06
22	0.07	0.04	0.06	0.05	0.06	0.05	0.07
23	0.04	0.05	0.05	0.05	0.06	0.06	0.06
24	0.06	0.05	0.06	0.05	0.06	0.06	0.06
25	0.06	0.05	0.06	0.05	0.06	0.06	0.06
26	0.05	0.07	0.05	0.06	0.05	0.05	0.07
27	0.06	0.05	0.05	0.05	0.05	0.06	0.06
28	0.05	0.05	0.06	0.05	0.05	0.05	0.06
29	0.05	0.05	0.05	0.05	0.06	0.05	0.06
30	0.06	0.04	0.06	0.04	0.06	0.05	0.06
31	0.05	0.05	0.06	0.05	0.04	0.04	0.06

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	Yes / No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	Yes / No	Yes / No	Yes / No
All turbidity readings < IFE ² triggers	Yes / No		

Notes:	PRINTED NAME: Dave Anderson	
	SIGNATURE: <i>Dave Anderson</i>	8/6/2024
	PHONE #: (541) 506-2008	CERT #: T4-2376 FE

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: Jul-24	WTP : A	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	1.14	710	809.4	15.9	7.49	31.3	YES	3890
2 / 0900	1.18	710	837.8	15.8	7.51	31.8	YES	3890
3 / 0900	1.2	710	852.0	14.5	7.52	34.9	YES	3890
4 / 0900	1.24	710	880.4	15.0	7.52	33.9	YES	3890
5 / 0900	1.22	710	866.2	16.0	7.53	31.8	YES	3890
6 / 0900	1.2	710	852.0	16.9	7.48	29.3	YES	3890
7 / 0900	1.19	765	910.4	16.5	7.50	30.3	YES	3610
8 / 0900	1.21	765	925.7	16.7	7.55	30.5	YES	3610
9 / 0900	1.17	686	802.6	17.9	7.43	26.8	YES	4028
10 / 0900	1.14	686	782.0	17.9	7.67	29.2	YES	4028
11 / 0900	1.14	686	782.0	16.8	7.62	30.9	YES	4028
12 / 0900	1.19	686	816.3	16.8	7.51	29.8	YES	4028
13 / 0900	1.19	686	816.3	16.8	7.43	29.0	YES	4028
14 / 0900	1.14	686	782.0	17.1	7.46	28.5	YES	4028
15 / 0900	1.12	686	768.3	16.7	7.47	29.3	YES	4028
16 / 0900	1.14	946	1078.4	16.3	7.47	30.2	YES	2920
17 / 0900	1.08	946	1021.7	17.8	7.47	27.1	YES	2920
18 / 0900	1.12	946	1059.5	17.4	7.46	27.9	YES	2920
19 / 0900	1.11	946	1050.1	17.2	7.48	28.5	YES	2920
20 / 0900	1.16	946	1097.4	17.2	7.51	28.9	YES	2920
21 / 0900	1.31	946	1239.3	17.8	7.48	28.0	YES	2920
22 / 0900	1.26	946	1192.0	18.5	7.57	27.4	YES	2920
23 / 0900	1.24	994	1232.6	16.5	7.52	30.7	YES	2780
24 / 0900	1.29	994	1282.3	15.7	7.57	33.2	YES	2780
25 / 0900	1.25	994	1242.5	16.2	7.48	30.9	YES	2780
26 / 0900	1.21	994	1202.7	15.2	7.52	33.4	YES	2780
27 / 0900	1.29	994	1282.3	15.1	7.54	34.2	YES	2780
28 / 0900	1.25	994	1242.5	15.9	7.50	31.8	YES	2780
29 / 0900	1.27	994	1262.4	16.1	7.50	31.4	YES	2780
30 / 0900	1.17	994	1163.0	16.6	7.51	30.2	YES	2780
31 / 0900	1.18	994	1172.9	17.4	7.55	29.0	YES	2780

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: Dave Anderson	
SIGNATURE: <i>[Signature]</i>	8/6/2024
PHONE #: (5410 506-2008	CERT #: T4-2376 FE