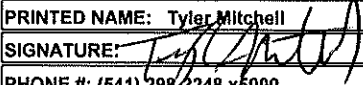


OHA - Drinking Water Services -Turbidity Monitoring Report Form
Conventional or Direct Filtration

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

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: Tyler Mitchell	DATE: 5-Nov-2024
		SIGNATURE: 	CERT #: T-09274
		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 Eff. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP : A
Disinfection
Giardia Log
Inactive:
1


System Name:	City of The Dalles	ID#: 41	-00869	Month/Year:	Oct-24
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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	1.28	1046	1338.9	10.3	7.51	46.7	YES	2640
2 / 0900	1.2	1046	1255.2	12.5	7.67	42.2	YES	2640
3 / 0900	1.24	1046	1297.0	11.3	7.63	45.4	YES	2640
4 / 0900	1.28	1046	1338.9	10.5	7.87	52.4	YES	2640
5 / 0900	1.24	1046	1297.0	11.2	7.71	47.0	YES	2640
6 / 0900	1.12	1046	1171.5	11.3	7.58	44.0	YES	2640
7 / 0900	1.16	1046	1213.4	11.5	7.57	43.4	YES	2640
8 / 0900	1.15	1046	1202.9	11.9	7.58	42.4	YES	2640
9 / 0900	1.07	1046	1119.2	13.0	7.57	38.7	YES	2640
10 / 0900	1.13	1046	1182.0	11.8	7.58	42.6	YES	2640
11 / 0900	1.16	1046	1213.4	10.6	7.54	45.6	YES	2640
12 / 0900	1.14	1046	1192.4	10.6	7.59	46.3	YES	2640
13 / 0900	1.1	1046	1150.6	11.0	7.55	44.3	YES	2640
14 / 0900	1.12	1046	1171.5	11.2	7.58	44.3	YES	2640
15 / 0900	1.12	1046	1171.5	12.2	7.64	42.3	YES	2640
16 / 0900	1.12	1046	1171.5	12.8	7.71	41.6	YES	2640
17 / 0900	1.14	1046	1192.4	11.3	7.75	46.8	YES	2640
18 / 0900	1.12	1046	1171.5	9.3	7.64	51.3	YES	2640
19 / 0900	1.17	1046	1223.8	9.7	7.61	49.7	YES	2640
20 / 0900	1.15	1046	1202.9	11.3	7.70	46.0	YES	2640
21 / 0900	1.16	1046	1213.4	11.8	7.68	44.3	YES	2640
22 / 0900	1.16	1046	1213.4	10.2	7.61	48.0	YES	2640
23 / 0900	1.16	1046	1213.4	8.8	7.67	53.9	YES	2640
24 / 0900	1.16	1046	1213.4	8.0	7.66	56.7	YES	2640
25 / 0900	1.2	1046	1255.2	7.1	7.71	61.6	YES	2640
26 / 0900	1.18	1170	1380.6	8.0	7.61	55.8	YES	2360
27 / 0900	1.12	1526	1709.1	9.6	7.54	48.5	YES	1810
28 / 0900	1.1	1046	1150.6	10.0	7.60	48.2	YES	2640
29 / 0900	1.07	1046	1119.2	8.9	7.55	50.8	YES	2640
30 / 0900	1.15	1046	1202.9	7.5	7.62	57.7	YES	2640
31 / 0900	1.15	1046	1202.9	6.5	7.59	61.1	YES	2640

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: Tyler Mitchell	DATE: 5-Nov-2024
SIGNATURE: 	CERT #: T-09274
PHONE #: (541) 298-2248 x5000	