

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

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

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

Notes: PRINTED NAME: Tyler Mitchell
 SIGNATURE: [Signature] DATE: 6-Dec-2024
 PHONE #: (541) 298-2248 x5010 CERT #: T-09274

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

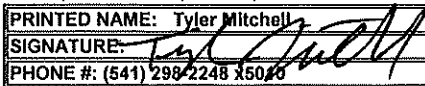
System Name:	City of The Dalles	ID#: 41	-00869	Month/Year:	Nov-24	Disinfection Giardia Log Inactive:	1
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1 / 0900	1.15	1328	1527.2	7.4	7.59	57.5	YES	2080
2 / 0900	1.01	1526	1541.3	8.6	7.55	51.4	YES	1810
3 / 0900	1.1	1526	1678.6	9.0	7.57	50.9	YES	1810
4 / 0900	1.08	1170	1263.6	8.6	7.64	53.5	YES	2360
5 / 0900	1.12	1170	1310.4	8.3	7.57	53.5	YES	2360
6 / 0900	1.14	1170	1333.8	7.2	7.58	58.0	YES	2360
7 / 0900	1.19	1170	1392.3	5.7	7.68	67.0	YES	2360
8 / 0900	1.18	1170	1380.6	5.7	7.63	65.7	YES	2360
9 / 0900	1.19	1328	1580.3	5.9	7.65	65.3	YES	2080
10 / 0900	1.17	1805	2111.9	7.3	7.61	58.4	YES	1530
11 / 0900	1.17	1170	1368.9	8.4	7.61	54.2	YES	2360
12 / 0900	1.11	1170	1298.7	7.8	7.65	56.9	YES	2360
13 / 0900	1.16	1170	1357.2	8.5	7.62	54.0	YES	2360
14 / 0900	1.22	1170	1427.4	8.7	7.68	54.8	YES	2360
15 / 0900	1.16	1170	1357.2	7.2	7.60	58.5	YES	2360
16 / 0900	1.19	1170	1392.3	5.7	7.66	66.5	YES	2360
17 / 0900	1.23	1244	1530.1	5.9	7.64	65.4	YES	2220
18 / 0900	1.21	1328	1606.9	6.1	7.55	62.3	YES	2080
19 / 0900	1.14	1328	1513.9	5.1	7.52	65.4	YES	2080
20 / 0900	1.11	1328	1474.1	5.5	7.60	65.3	YES	2080
21 / 0900	1.01	1170	1181.7	6.1	7.60	62.0	YES	2360
22 / 0900	0.99	1170	1158.3	6.6	7.59	59.6	YES	2360
23 / 0900	1.08	1170	1263.6	6.9	7.55	58.1	YES	2360
24 / 0900	1.1	1526	1678.6	6.2	7.56	61.3	YES	1810
25 / 0900	1.11	1526	1693.9	6.0	7.61	63.4	YES	1810
26 / 0900	1.16	1328	1540.5	6.0	7.67	65.1	YES	2080
27 / 0900	1.21	1170	1415.7	4.8	7.55	68.1	YES	2360
28 / 0900	1.19	1170	1392.3	3.7	7.68	76.8	YES	2360
29 / 0900	1.18	1987	2344.7	3.5	7.73	79.3	YES	1390
30 / 0900	1.21	1987	2404.3	3.6	7.63	76.1	YES	1390

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: 6-Dec-2024
SIGNATURE: 	CERT #: T-09274
PHONE #: (541) 298-2248 x5020	