

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

County: Wasco
 Month/Year: Feb-25

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

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 Cl2 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: 7-March-2025
 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 Eff. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP : A

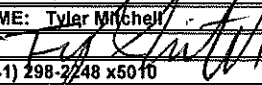
System Name:	City of The Dalles	ID#: 41	-00869	Month/Year:	Feb-25	Disinfection Giardia Log Inactive:	1
--------------	--------------------	---------	--------	-------------	--------	--	---

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	946	1210.9	6.6	7.79	66.2	YES	2920
2 / 0900	1.15	1244	1430.6	7.2	7.75	61.7	YES	2220
3 / 0900	1.11	1046	1161.1	7.3	7.71	60.1	YES	2640
4 / 0900	1.18	994	1172.9	2.9	7.56	77.6	YES	2780
5 / 0900	1.23	994	1222.6	2.4	7.65	83.5	YES	2780
6 / 0900	1.23	994	1222.6	2.0	7.55	82.8	YES	2780
7 / 0900	1.18	994	1172.9	1.7	7.63	86.5	YES	2780
8 / 0900	1.13	994	1123.2	2.3	7.54	79.8	YES	2780
9 / 0900	1.15	994	1143.1	2.4	7.60	81.2	YES	2780
10 / 0900	1.19	994	1182.9	2.6	7.59	80.2	YES	2780
11 / 0900	1.19	994	1182.9	1.4	7.61	87.8	YES	2780
12 / 0900	1.18	994	1172.9	5.3	7.90	74.5	YES	2780
13 / 0900	1.11	994	1103.3	5.0	7.91	75.7	YES	2780
14 / 0900	1.05	1105	1160.3	4.7	7.68	70.6	YES	2500
15 / 0900	1.08	1328	1434.2	4.6	7.88	76.7	YES	2080
16 / 0900	1.13	1328	1500.6	5.2	7.62	67.3	YES	2080
17 / 0900	1.12	1328	1487.4	5.7	7.66	65.9	YES	2080
18 / 0900	1.12	994	1113.3	6.6	7.73	63.6	YES	2780
19 / 0900	1.21	994	1202.7	3.5	7.64	76.9	YES	2780
20 / 0900	1.55	994	1540.7	3.6	7.58	77.8	YES	2780
21 / 0900	1.25	994	1242.5	3.8	7.56	73.5	YES	2780
22 / 0900	1.18	1328	1567.0	4.6	7.57	69.3	YES	2080
23 / 0900	1.15	1328	1527.2	5.8	7.46	61.1	YES	2080
24 / 0900	1.11	1328	1474.1	4.1	7.36	65.9	YES	2080
25 / 0900	0.91	1328	1208.5	5.1	7.37	60.3	YES	2080
26 / 0900	1.00	1244	1244.0	4.8	7.36	62.0	YES	2220
27 / 0900	1.04	1046	1087.8	5.0	7.30	60.1	YES	2640
28 / 0900	1.15	1046	1202.9	5.2	7.49	64.4	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: 7-March-2025
SIGNATURE: 	CERT #: T-09274
PHONE #: (541) 298-2748 x5010	