OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Wasco

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

Conventional or Direct Filtration

95% of 4-hour turbidity readings ≤ 0.3 NTU? (Yes) No

All 4-hour turbidity readings ≤ 1 NTU? (Yes) No

All turbidity readings < IFE[2] triggers (Yes) No

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) (Yes) No

All Cl2 residual at entry point ≥ 0.2 mg/l? (Yes) No

Notes:

PRINTED NAME: Tyler Mitchell

SIGNATURE: [signature]

DATE: 2-April-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 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:	Mar-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	1.24	1046	1297.0	4.5	7.63	71.8	YES	2640
2 / 0900	1.21	1046	1265.7	5.3	7.38	61.9	YES	2640
3 / 0900	1.16	1046	1213.4	5.9	7.42	59.9	YES	2640
4 / 0900	1.15	946	1087.9	5.4	7.38	61.0	YES	2920
5 / 0900	1.15	946	1087.9	4.7	7.36	63.5	YES	2920
6 / 0900	1.13	946	1069.0	4.3	7.31	64.0	YES	2920
7 / 0900	1.18	1170	1380.6	4.6	7.42	65.6	YES	2360
8 / 0900	1.15	1424	1637.6	5.3	7.39	61.7	YES	2080
9 / 0900	1.14	1328	1513.9	6.1	7.42	59.0	YES	2080
10 / 0900	1.07	946	1012.2	6.4	7.40	56.9	YES	2920
11 / 0900	1.13	946	1069.0	6.3	7.43	58.3	YES	2920
12 / 0900	1.17	1170	1368.9	6.3	7.45	59.0	YES	2360
13 / 0900	1.12	1046	1171.5	6.2	7.49	59.9	YES	2640
14 / 0900	1.11	1046	1161.1	4.7	7.40	64.2	YES	2640
15 / 0900	1.09	1328	1447.5	5.0	7.38	62.3	YES	2080
16 / 0900	1.09	1328	1447.5	5.1	7.43	63.0	YES	2080
17 / 0900	1.11	1170	1298.7	5.5	7.34	59.5	YES	2360
18 / 0900	1.14	1170	1333.8	5.0	7.37	62.4	YES	2360
19 / 0900	1.15	1046	1202.9	5.1	7.54	66.0	YES	2640
20 / 0900	1.09	1046	1140.1	5.6	7.29	57.9	YES	2640
21 / 0900	1.13	1170	1322.1	6.3	7.40	57.7	YES	2360
22 / 0900	1.11	1328	1474.1	6.5	7.26	54.0	YES	2080
23 / 0900	1.08	1328	1434.2	6.5	7.27	54.0	YES	2080
24 / 0900	0.99	994	984.1	7.9	7.28	48.8	YES	2780
25 / 0900	1.09	994	1083.5	8.4	7.56	52.8	YES	2780
26 / 0900	1.08	994	1073.5	8.1	7.42	51.2	YES	2780
27 / 0900	1.04	946	983.8	8.5	7.48	50.7	YES	2920
28 / 0900	1.08	946	1021.7	7.4	7.37	52.7	YES	2920
29 / 0900	1.07	1105	1182.4	6.3	7.39	57.1	YES	2500
30 / 0900	1.06	1244	1318.6	6.5	7.41	56.7	YES	2220
31 / 0900	1.06	1105	1171.3	7.3	7.48	55.0	YES	2500

[3] If Cl_2 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 Machell	
SIGNATURE:	DATE: 2-April-2025
PHONE #: (541) 298-2248 x5008	CERT #: T-09274