OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Wasco

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

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: 9-May-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:	Apr-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	1.07	1105	1182.4	6.8	7.42	55.8	YES	2500
2 / 0900	1.11	1105	1226.6	7.1	7.34	53.4	YES	2500
3 / 0900	1.14	994	1133.2	6.4	7.40	57.4	YES	2780
4 / 0900	1.14	994	1133.2	6.4	7.54	60.3	YES	2780
5 / 0900	1.14	1105	1259.7	7.7	7.35	51.6	YES	2500
6 / 0900	1.18	994	1172.9	8.5	7.27	47.8	YES	2780
7 / 0900	1.13	994	1123.2	8.3	7.28	48.3	YES	2780
8 / 0900	1.13	1105	1248.7	8.5	7.38	49.4	YES	2500
9 / 0900	1.13	1105	1248.7	7.8	7.27	49.8	YES	2500
10 / 0900	1.11	1105	1226.6	8.8	7.18	45.0	YES	2500
11 / 0900	1.1	994	1093.4	9.3	7.26	44.7	YES	2780
12 / 0900	1.13	994	1123.2	7.6	7.18	48.9	YES	2780
13 / 0900	1.17	994	1163.0	6.8	7.17	51.6	YES	2780
14 / 0900	1.16	994	1153.0	9.1	7.12	43.5	YES	2780
15 / 0900	1.17	994	1163.0	8.4	7.39	50.1	YES	2780
16 / 0900	1.14	994	1133.2	9.7	7.34	45.0	YES	2780
17 / 0900	1.2	946	1135.2	8.9	7.48	50.2	YES	2920
18 / 0900	1.21	866	1047.9	10.2	7.44	45.5	YES	3190
19 / 0900	1.2	866	1039.2	11.3	7.33	40.7	YES	3190
20 / 0900	1.08	866	935.3	8.8	7.54	51.0	YES	3190
21 / 0900	1.32	866	1143.1	9.3	7.43	48.7	YES	3190
22 / 0900	1.32	866	1143.1	9.2	7.27	46.3	YES	3190
23 / 0900	1.21	866	1047.9	9.2	7.20	44.7	YES	3190
24 / 0900	1.28	866	1108.5	9.5	7.19	44.0	YES	3190
25 / 0900	1.24	866	1073.8	10.2	7.33	43.9	YES	3190
26 / 0900	1.2	866	1039.2	11.1	7.30	40.8	YES	3190
27 / 0900	1.22	866	1056.5	11.0	7.22	40.0	YES	3190
28 / 0900	1.24	866	1073.8	11.0	7.47	43.7	YES	3190
29 / 0900	1.23	866	1065.2	10.8	7.37	42.8	YES	3190
30 / 0900	1.18	866	1021.9	10.9	7.30	41.2	YES	3190

[3] If Cl_2 at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

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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	
SIGNATURE:	DATE: 9-May-2025
PHONE #: (541) 298-2248 x5010	CERT #: T-09274