OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Wasco

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

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:	May-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	1.22	866	1056.5	10.2	7.09	40.3	YES	3190
2 / 0900	1.2	796	955.2	10.3	7.33	43.4	YES	3470
3 / 0900	1.18	796	939.3	13.7	7.28	33.6	YES	3470
4 / 0900	1.27	796	1010.9	12.4	7.30	37.8	YES	3470
5 / 0900	1.25	994	1242.5	10.3	7.26	42.6	YES	2780
6 / 0900	1.2	994	1192.8	10.7	7.25	41.1	YES	2780
7 / 0900	1.16	994	1153.0	11.3	7.32	40.3	YES	2780
8 / 0900	1.19	994	1182.9	11.7	7.21	38.0	YES	2780
9 / 0900	1.12	737	825.4	10.9	7.27	40.5	YES	3750
10 / 0900	1.18	737	869.7	11.6	7.45	41.5	YES	3750
11 / 0900	1.2	737	884.4	11.7	7.98	49.8	YES	3750
12 / 0900	1.18	737	869.7	11.4	7.02	36.2	YES	3750
13 / 0900	1.18	737	869.7	10.2	7.40	44.7	YES	3750
14 / 0900	1.06	737	781.2	10.2	7.29	42.4	YES	3750
15 / 0900	1.15	737	847.6	10.8	7.27	40.9	YES	3750
16 / 0900	1.17	737	862.3	9.8	7.21	42.9	YES	3750
17 / 0900	1.16	737	854.9	11.0	7.29	40.7	YES	3750
18 / 0900	1.12	737	825.4	12.6	7.36	37.0	YES	3750
19 / 0900	1.12	737	825.4	10.7	7.31	41.6	YES	3750
20 / 0900	1.17	737	862.3	10.8	7.19	39.9	YES	3750
21 / 0900	1.17	737	862.3	11.2	7.32	40.6	YES	3750
22 / 0900	1.14	737	840.2	11.7	7.21	37.7	YES	3750
23 / 0900	1.1	737	810.7	12.0	7.19	36.6	YES	3750
24 / 0900	1.1	737	810.7	12.0	7.23	37.1	YES	3750
25 / 0900	1.14	737	840.2	13.2	7.23	34.0	YES	3750
26 / 0900	1.11	737	818.1	14.8	7.27	30.9	YES	3750
27 / 0900	1.11	737	818.1	13.0	7.27	34.8	YES	3750
28 / 0900	1.11	737	818.1	13.4	7.40	35.6	YES	3750
29 / 0900	1.08	737	796.0	14.9	7.02	27.9	YES	3750
30 / 0900	1.13	737	832.8	12.4	7.08	34.5	YES	3750
31 / 0900	1.21	737	891.8	13.1	7.03	32.0	YES	3750

[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 Mitchell	
SIGNATURE:	DATE: 9-June-25
PHONE #: (541) 298-2248 x5010	CERT #: T-09274