OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Wasco

Month/Year: Jun-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	0.07	0.08	0.08
2	0.06	0.06	0.07	0.07	0.07	0.06	0.07
3	0.06	0.07	0.07	0.06	0.06	0.06	0.07
4	0.06	0.06	0.06	0.06	0.07	0.07	0.07
5	0.06	0.06	0.06	0.06	0.07	0.06	0.07
6	0.06	0.05	0.06	0.06	0.07	0.06	0.07
7	0.06	0.07	0.06	0.06	0.06	0.06	0.07
8	0.05	0.06	0.06	0.07	0.06	0.06	0.07
9	0.06	0.06	0.06	0.06	0.07	0.07	0.07
10	0.06	0.06	0.06	0.07	0.06	0.07	0.07
11	0.06	0.06	0.06	0.06	0.06	0.07	0.07
12	0.06	0.06	0.06	0.06	0.06	0.07	0.07
13	0.06	0.06	0.06	0.06	0.06	0.06	0.06
14	0.06	0.07	0.06	0.06	0.07	0.07	0.07
15	0.08	0.07	0.07	0.07	0.08	0.08	0.08
16	0.06	0.06	0.07	0.06	0.06	0.05	0.07
17	0.05	0.05	0.05	0.06	0.06	0.06	0.06
18	0.05	0.06	0.06	0.06	0.06	0.05	0.06
19	0.06	0.06	0.07	0.06	0.06	0.06	0.07
20	0.06	0.06	0.06	0.06	0.07	0.05	0.07
21	0.06	0.05	0.07	0.06	0.06	0.06	0.07
22	0.05	0.06	0.07	0.06	0.06	0.06	0.07
23	0.08	0.06	0.07	0.06	0.08	0.06	0.08
24	0.06	0.06	0.06	0.06	0.06	0.06	0.06
25	0.06	0.06	0.05	0.06	0.06	0.06	0.06
26	0.06	0.07	0.05	0.06	0.05	0.07	0.07
27	0.06	0.06	0.06	0.06	0.07	0.05	0.07
28	0.06	0.06	0.06	0.06	0.07	0.05	0.07
29	0.06	0.06	0.06	0.07	0.07	0.06	0.07
30	0.07	0.06	0.06	0.07	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:10-July-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:	Jun-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	1.21	737	891.8	16.2	7.24	28.1	YES	3750
2 / 0900	1.21	737	891.8	13.6	7.25	33.6	YES	3750
3 / 0900	1.25	710	887.5	13.5	7.15	32.8	YES	3890
4 / 0900	1.24	710	880.4	13.6	7.58	38.1	YES	3890
5 / 0900	1.23	710	873.3	14.5	7.55	35.4	YES	3890
6 / 0900	1.23	710	873.3	15.0	7.55	34.3	YES	3890
7 / 0900	1.24	710	880.4	15.5	7.51	32.7	YES	3890
8 / 0900	1.26	710	894.6	14.5	7.45	34.3	YES	3890
9 / 0900	1.18	710	837.8	17.6	7.53	28.4	YES	3890
10 / 0900	1.19	710	844.9	16.8	7.46	29.3	YES	3890
11 / 0900	1.16	710	823.6	15.2	7.58	33.9	YES	3890
12 / 0900	1.15	710	816.5	14.7	7.71	36.8	YES	3890
13 / 0900	1.14	710	809.4	13.3	7.74	40.8	YES	3890
14 / 0900	1.13	710	802.3	12.3	7.52	40.4	YES	3890
15 / 0900	1.13	710	802.3	12.8	7.50	38.5	YES	3890
16 / 0900	1.09	710	773.9	13.7	7.51	36.3	YES	3890
17 / 0900	1.05	710	745.5	14.1	7.48	34.8	YES	3890
18 / 0900	1.08	710	766.8	14.8	7.52	33.8	YES	3890
19 / 0900	1.13	710	802.3	14.7	7.62	35.5	YES	3890
20 / 0900	1.18	710	837.8	13.9	7.57	36.9	YES	3890
21 / 0900	1.16	710	823.6	12.3	7.41	39.0	YES	3890
22 / 0900	1.19	710	844.9	12.0	7.36	39.2	YES	3890
23 / 0900	1.16	710	823.6	15.5	7.65	34.1	YES	3890
24 / 0900	1.19	710	844.9	14.8	7.53	34.3	YES	3890
25 / 0900	1.18	710	837.8	16.0	7.61	32.6	YES	3890
26 / 0900	1.16	710	823.6	15.1	7.49	33.0	YES	3890
27 / 0900	1.12	710	795.2	15.7	7.40	30.6	YES	3890
28 / 0900	1.12	710	795.2	15.7	7.40	30.6	YES	3890
29 / 0900	1.14	710	809.4	16.4	7.51	30.5	YES	3890
30 / 0900	1.16	710	823.6	16.7	7.52	30.0	YES	3890

[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:10-July-2025
PHONE #: (541) 298-2248 x5010	CERT #: T-09274