OHA - Drinking Water Services -Turbidity Monitoring Report Form | **County:** Wasco

Conventional or Direct Filtration | **Month/Year:** Jul-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	0.05	0.05	0.06
2	0.07	0.07	0.05	0.05	0.05	0.05	0.07
3	0.07	0.06	0.06	0.06	0.06	0.05	0.07
4	0.06	0.06	0.06	0.06	0.06	0.06	0.06
5	0.06	0.06	0.06	0.06	0.05	0.06	0.06
6	0.06	0.06	0.06	0.06	0.06	0.06	0.06
7	0.06	0.06	0.06	0.07	0.06	0.07	0.07
8	0.06	0.06	0.06	0.07	0.07	0.06	0.07
9	0.06	0.06	0.06	0.06	0.08	0.06	0.08
10	0.07	0.06	0.06	0.07	0.06	0.06	0.07
11	0.06	0.06	0.07	0.06	0.07	0.07	0.07
12	0.06	0.06	0.06	0.07	0.07	0.06	0.07
13	0.06	0.06	0.06	0.05	0.06	0.07	0.07
14	0.06	0.06	0.07	0.06	0.06	0.06	0.07
15	0.06	0.06	0.06	0.07	0.06	0.05	0.07
16	0.06	0.06	0.07	0.07	0.07	0.07	0.07
17	0.07	0.07	0.06	0.06	0.07	0.06	0.07
18	0.06	0.06	0.06	0.06	0.07	0.06	0.07
19	0.07	0.06	0.06	0.06	0.07	0.06	0.07
20	0.07	0.07	0.06	0.06	0.07	0.06	0.07
21	0.07	0.06	0.06	0.07	0.06	0.07	0.07
22	0.08	0.05	0.06	0.06	0.07	0.07	0.08
23	0.07	0.06	0.07	0.06	0.07	0.07	0.07
24	0.06	0.06	0.06	0.07	0.07	0.07	0.07
25	0.06	0.06	0.06	0.07	0.06	0.07	0.07
26	0.07	0.07	0.09	0.06	0.07	0.06	0.09
27	0.06	0.08	0.07	0.06	0.06	0.06	0.08
28	0.07	0.06	0.06	0.07	0.06	0.08	0.08
29	0.07	0.07	0.07	0.08	0.07	0.06	0.08
30	0.07	0.07	0.08	0.07	0.07	0.07	0.08
31	0.07	0.07	0.07	0.08	0.06	0.07	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: 8-Aug-2025

PHONE #: (541) 298-5248 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:	Jul-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	1.17	710	830.7	17.6	7.42	27.3	YES	3890
2 / 0900	1.13	710	802.3	17.8	7.45	27.1	YES	3890
3 / 0900	1.14	710	809.4	16.9	7.56	30.0	YES	3890
4 / 0900	1.17	710	830.7	16.2	7.56	31.6	YES	3890
5 / 0900	1.21	710	859.1	14.0	7.53	36.3	YES	3890
6 / 0900	1.19	710	844.9	14.7	7.52	34.4	YES	3890
7 / 0900	1.16	710	823.6	15.4	7.54	33.0	YES	3890
8 / 0900	1.16	710	823.6	17.1	7.53	29.3	YES	3890
9 / 0900	1.09	710	773.9	17.7	7.58	28.5	YES	3890
10 / 0900	1.09	710	773.9	18.1	7.55	27.4	YES	3890
11 / 0900	1.17	710	830.7	16.8	7.56	30.3	YES	3890
12 / 0900	1.17	710	830.7	16.8	7.51	29.8	YES	3890
13 / 0900	0.92	829	762.7	17.6	7.60	28.3	YES	3330
14 / 0900	1.12	829	928.5	20.1	7.66	25.1	YES	3330
15 / 0900	1.16	829	961.6	18.8	7.66	27.5	YES	3330
16 / 0900	1.14	829	945.1	17.6	7.54	28.4	YES	3330
17 / 0900	1.09	829	903.6	17.7	7.58	28.5	YES	3330
18 / 0900	1.12	866	969.9	17.5	7.58	29.0	YES	3190
19 / 0900	1.12	866	969.9	17.0	7.59	30.1	YES	3190
20 / 0900	1.12	866	969.9	16.8	7.58	30.4	YES	3190
21 / 0900	1.14	866	987.2	17.6	7.66	29.7	YES	3190
22 / 0900	1.11	866	961.3	16.8	7.60	30.6	YES	3190
23 / 0900	1.07	866	926.6	17.6	7.35	26.3	YES	3190
24 / 0900	1.15	866	995.9	17.9	7.60	28.5	YES	3190
25 / 0900	1.15	866	995.9	17.1	7.59	30.0	YES	3190
26 / 0900	1.15	866	995.9	16.4	7.60	31.5	YES	3190
27 / 0900	1.07	866	926.6	18.3	7.79	29.5	YES	3190
28 / 0900	1.13	866	978.6	17.4	7.51	28.5	YES	3190
29 / 0900	1.12	866	969.9	17.5	7.60	29.2	YES	3190
30 / 0900	1.18	866	1021.9	18.0	7.54	27.8	YES	3190
31 / 0900	1.15	866	995.9	18.0	7.59	28.2	YES	3190

[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:8-Aug-2025
PHONE #: (541) 298-2248 X5010	CERT #: T-09274