OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Wasco

Month/Year: Aug-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	0.08	0.07	0.08	0.08	0.06	0.06	0.08
2	0.07	0.08	0.07	0.06	0.06	0.07	0.08
3	0.06	0.07	0.07	0.06	0.07	0.07	0.07
4	0.07	0.06	0.07	0.07	0.08	0.06	0.08
5	0.08	0.08	0.07	0.06	0.07	0.07	0.08
6	0.08	0.06	0.07	0.07	0.07	0.06	0.08
7	0.07	0.06	0.07	0.08	0.07	0.07	0.08
8	0.07	0.06	0.07	0.08	0.07	0.07	0.08
9	0.07	0.08	0.07	0.07	0.06	0.08	0.08
10	0.06	0.06	0.06	0.06	0.06	0.06	0.06
11	0.07	0.07	0.07	0.08	0.06	0.06	0.08
12	0.07	0.06	0.07	0.07	0.06	0.06	0.07
13	0.06	0.06	0.06	0.06	0.06	0.06	0.06
14	0.06	0.06	0.06	0.07	0.06	0.06	0.07
15	0.06	0.07	0.06	0.06	0.06	0.06	0.07
16	0.06	0.07	0.06	0.06	0.06	0.06	0.07
17	0.06	0.06	0.06	0.06	0.06	0.06	0.06
18	0.07	0.07	0.07	0.06	0.06	0.06	0.07
19	0.06	0.06	0.07	0.08	0.07	0.06	0.08
20	0.06	0.06	0.07	0.06	0.06	0.06	0.07
21	0.06	0.06	0.06	0.07	0.07	0.06	0.07
22	0.08	0.07	0.08	0.07	0.06	0.06	0.08
23	0.06	0.07	0.08	0.06	0.06	0.05	0.08
24	0.06	0.06	0.07	0.06	0.07	0.06	0.07
25	0.06	0.06	0.05	0.06	0.06	0.06	0.06
26	0.06	0.07	OFFLINE	OFFLINE	0.07	0.06	0.07
27	0.06	0.06	0.06	0.06	0.07	0.06	0.07
28	0.07	0.06	0.07	0.08	0.06	0.06	0.08
29	0.06	0.06	0.06	0.09	0.06	0.06	0.09
30	0.06	0.06	0.06	0.06	0.08	0.05	0.08
31	0.06	0.06	0.06	0.07	0.07	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: 4-Sept-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:	Aug-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	17.6	7.62	29.6	YES	3190
2 / 0900	1.14	866	987.2	18.0	7.71	29.5	YES	3190
3 / 0900	1.16	866	987.2	17.2	7.39	27.7	YES	3190
4 / 0900	1.17	866	1013.2	17.3	7.23	25.9	YES	3190
5 / 0900	1.13	866	978.6	16.0	7.71	33.6	YES	3190
6 / 0900	1.13	866	978.6	16.4	7.66	32.2	YES	3190
7 / 0900	1.1	866	952.6	17.2	7.70	30.8	YES	3190
8 / 0900	1.11	866	961.3	15.5	7.70	34.6	YES	3190
9 / 0900	1.12	866	969.9	15.7	7.61	33.0	YES	3190
10 / 0900	1.14	946	1078.4	18.1	7.57	27.8	YES	2920
11 / 0900	1.14	946	1078.4	18.5	7.61	27.5	YES	2920
12 / 0900	1.11	946	1050.1	19.3	7.58	25.7	YES	2920
13 / 0900	1.09	946	1031.1	19.8	7.74	26.3	YES	2920
14 / 0900	1.07	946	1012.2	19.2	7.64	26.3	YES	2920
15 / 0900	1.08	946	1021.7	18.1	7.61	28.0	YES	2920
16 / 0900	1.11	946	1050.1	18.2	7.65	28.3	YES	2920
17 / 0900	1.12	946	1059.5	17.2	7.57	29.5	YES	2920
18 / 0900	1.11	946	1050.1	17.8	7.64	29.0	YES	2920
19 / 0900	1.15	946	1087.9	16.8	7.70	31.9	YES	2920
20 / 0900	1.11	994	1103.3	16.5	7.68	32.1	YES	2780
21 / 0900	1.14	994	1133.2	16.2	7.50	30.8	YES	2780
22 / 0900	1.12	946	1059.5	16.7	7.84	33.7	YES	2920
23 / 0900	1.12	946	1059.5	16.4	7.63	31.8	YES	2920
24 / 0900	1.11	946	1050.1	17.9	7.61	28.5	YES	2920
25 / 0900	1.1	946	1040.6	18.5	7.52	26.4	YES	2920
26 / 0900	1.13	946	1069.0	18.7	7.51	26.1	YES	2920
27 / 0900	1.13	946	1069.0	19.2	7.51	25.2	YES	2920
28 / 0900	1.11	946	1050.1	19.3	7.63	26.1	YES	2920
29 / 0900	1.12	946	1059.5	18.8	7.63	27.1	YES	2920
30 / 0900	1.13	946	1069.0	17.4	7.63	29.8	YES	2920
31 / 0900	1.12	946	1059.5	17.6	7.52	28.2	YES	2920

[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: 4-Sept-2025
PHONE #: (541) 298-2248 x5010	CERT #: T-09274