OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Wasco

Month/Year: Sep-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	0.07	0.07	0.06	0.07
2	0.06	0.06	0.07	0.07	0.06	0.06	0.07
3	0.07	0.07	0.07	0.07	0.07	0.08	0.08
4	0.06	0.06	0.07	0.08	0.07	0.06	0.08
5	0.07	0.06	0.07	0.08	0.07	0.06	0.08
6	0.06	0.06	0.07	0.06	0.06	0.06	0.07
7	0.07	0.07	0.07	0.07	0.07	0.06	0.07
8	0.06	0.06	0.07	0.07	0.06	0.06	0.07
9	0.06	0.06	0.08	0.08	0.05	0.06	0.08
10	0.06	0.06	0.07	0.10	0.06	0.05	0.10
11	0.05	0.06	0.07	0.07	0.05	0.06	0.07
12	0.05	0.07	0.06	0.06	0.06	0.06	0.07
13	0.06	0.07	0.08	0.06	0.06	0.06	0.08
14	0.07	0.07	0.06	0.06	0.05	0.06	0.07
15	0.07	0.08	0.05	0.06	0.06	0.06	0.08
16	0.06	0.08	0.08	0.06	0.06	0.06	0.08
17	0.06	0.06	0.06	0.06	0.07	0.05	0.07
18	0.06	0.07	0.06	0.05	0.06	0.07	0.07
19	0.07	0.06	0.06	0.06	0.09	0.06	0.09
20	0.06	0.07	0.08	0.06	0.07	0.07	0.08
21	0.08	0.07	0.09	0.06	0.07	0.06	0.09
22	0.06	0.05	0.06	0.06	0.06	0.06	0.06
23	0.06	0.07	0.06	0.06	0.08	0.06	0.08
24	0.07	0.06	0.06	0.06	0.05	0.06	0.07
25	0.07	0.06	0.06	0.08	0.05	0.06	0.08
26	0.06	0.06	0.08	0.07	0.06	0.06	0.08
27	0.06	0.06	0.06	0.06	0.06	0.06	0.06
28	0.07	0.06	0.06	0.08	0.07	0.06	0.08
29	0.07	0.07	0.06	0.07	0.07	0.06	0.07
30	0.06	0.06	0.06	0.06	0.06	0.05	0.06

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-Oct-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:	Sep-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	1.24	946	1173.0	17.0	7.58	30.4	YES	2920
2 / 0900	1.24	946	1173.0	17.7	7.56	28.8	YES	2920
3 / 0900	1.21	946	1144.7	18.0	7.65	29.1	YES	2920
4 / 0900	1.17	946	1106.8	18.9	7.72	28.0	YES	2920
5 / 0900	1.16	946	1097.4	18.4	7.88	30.6	YES	2920
6 / 0900	1.16	946	1097.4	19.1	7.77	28.1	YES	2920
7 / 0900	1.11	946	1050.1	20.0	7.62	24.8	YES	2920
8 / 0900	1.16	946	1097.4	16.7	7.58	30.7	YES	2920
9 / 0900	0.98	946	927.1	17.4	7.65	29.5	YES	2920
10 / 0900	1.04	946	983.8	17.4	7.81	31.5	YES	2920
11 / 0900	1.11	946	1050.1	17.1	7.61	30.1	YES	2920
12 / 0900	1.11	946	1050.1	16.7	7.59	30.6	YES	2920
13 / 0900	1.19	946	1125.7	16.3	7.61	32.0	YES	2920
14 / 0900	1.17	994	1163.0	16.7	7.66	31.7	YES	2780
15 / 0900	1.15	994	1143.1	16.9	7.65	31.1	YES	2780
16 / 0900	1.1	1046	1150.6	14.6	7.66	36.1	YES	2640
17 / 0900	1.1	1046	1150.6	15.3	7.63	34.1	YES	2640
18 / 0900	1.09	1046	1140.1	15.3	7.88	37.4	YES	2640
19 / 0900	1.08	1046	1129.7	15.6	7.69	34.1	YES	2640
20 / 0900	1.13	1046	1182.0	15.4	7.63	34.0	YES	2640
21 / 0900	1.19	1046	1244.7	17.7	7.81	31.4	YES	2640
22 / 0900	1.2	1046	1255.2	14.1	7.62	37.2	YES	2640
23 / 0900	1.19	1046	1244.7	13.9	7.66	38.2	YES	2640
24 / 0900	1.19	1046	1244.7	14.0	7.75	39.3	YES	2640
25 / 0900	1.16	1046	1213.4	14.7	7.69	36.5	YES	2640
26 / 0900	1.17	1105	1292.9	13.7	7.68	38.9	YES	2500
27 / 0900	1.17	1105	1292.9	13.0	7.68	40.8	YES	2500
28 / 0900	1.18	1105	1303.9	13.2	7.73	41.1	YES	2500
29 / 0900	1.09	1105	1204.5	15.5	7.74	35.0	YES	2500
30 / 0900	1.04	1105	1149.2	14.0	7.69	37.8	YES	2500

[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:8-Oct-2025
PHONE #: (541) 298-2248 x5010	CERT #: T-09274