

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Wasco

Conventional or Direct Filtration

Month/Year: Oct-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	0.08	0.07	0.05	0.05	0.08
2	0.06	0.06	0.07	0.09	0.09	0.06	0.09
3	0.06	0.06	0.12	0.08	0.08	0.06	0.12
4	0.07	0.08	0.07	0.06	0.06	0.05	0.08
5	0.09	0.09	0.09	0.06	0.07	0.05	0.09
6	0.06	0.07	0.06	0.06	0.08	0.06	0.08
7	0.06	0.07	0.09	0.10	0.06	0.06	0.10
8	0.07	0.06	0.13	0.09	0.06	0.06	0.13
9	0.07	0.08	0.07	0.07	0.06	0.06	0.08
10	0.06	0.06	0.05	0.05	0.06	0.06	0.06
11	0.06	0.06	0.05	0.06	0.06	0.06	0.06
12	0.07	0.06	0.06	0.06	0.06	0.06	0.07
13	0.08	0.10	0.06	0.06	OFFLINE	OFFLINE	0.10
14	OFFLINE	OFFLINE	0.15	0.07	OFFLINE	OFFLINE	0.15
15	OFFLINE	OFFLINE	OFFLINE	0.07	OFFLINE	OFFLINE	0.07
16	OFFLINE	OFFLINE	OFFLINE	0.09	0.08	0.04	0.09
17	0.05	0.05	0.07	0.09	0.05	0.06	0.09
18	0.07	0.09	0.09	0.06	0.06	0.06	0.09
19	0.09	0.08	0.08	0.05	0.06	0.07	0.09
20	0.07	0.07	0.06	0.05	0.06	0.06	0.07
21	0.06	0.06	0.07	0.06	0.07	0.06	0.07
22	0.06	0.06	0.06	0.07	0.08	0.05	0.08
23	0.07	0.06	0.06	0.08	0.06	0.07	0.08
24	0.07	0.06	0.05	0.09	0.06	0.06	0.09
25	0.06	0.06	0.07	0.06	0.06	0.07	0.07
26	0.07	0.06	0.05	0.06	0.06	0.07	0.07
27	0.09	0.09	0.06	0.07	0.07	0.07	0.09
28	0.06	0.07	0.07	0.08	0.05	0.06	0.08
29	0.06	0.06	0.07	0.05	0.06	0.06	0.07
30	0.08	0.07	0.07	0.06	0.07	0.07	0.08
31	0.06	0.06	0.07	0.07	0.06	0.07	0.07

Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

95% of 4-hour turbidity readings $\leq$ 0.3 NTU?

Yes/No

All 4-hour turbidity readings $\leq$ 1 NTU?

Yes/No

All turbidity readings < IFE² triggers

Yes/No

CT's met everyday?
(see back)

Yes/No

All Cl₂ residual at entry point
 $\geq$ 0.2 mg/l?

Yes/No

Notes: Plant was periodically offline 13th-15th for SCADA PLC replacement.

PRINTED NAME: Tyler Mitchell

SIGNATURE:

DATE: 7-Nov-2025

PHONE #: (541) 296-2248 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 = Indiv. Filter Eff. (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:

Oct-25

Disinfection
Giardia Log
Inactive:

1

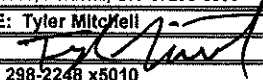
Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1 / 0900	1.12	1046	1171.5	13.6	7.77	40.3	YES	2640
2 / 0900	1.13	1046	1182.0	13.3	7.84	42.2	YES	2640
3 / 0900	1.15	1046	1202.9	12.9	7.67	40.8	YES	2640
4 / 0900	1.09	1046	1140.1	16.1	7.76	33.9	YES	2640
5 / 0900	1.12	1046	1171.5	14.0	7.70	38.2	YES	2640
6 / 0900	1.12	1046	1171.5	11.6	7.62	43.7	YES	2640
7 / 0900	1.17	1046	1223.8	11.1	7.70	46.8	YES	2640
8 / 0900	1.14	1046	1192.4	11.1	7.77	47.8	YES	2640
9 / 0900	1.1	1170	1287.0	11.6	7.61	43.5	YES	2360
10 / 0900	1.09	1170	1275.3	12.5	7.63	41.0	YES	2360
11 / 0900	1.1	1170	1287.0	12.2	7.61	41.8	YES	2360
12 / 0900	1.15	1170	1345.5	11.6	7.66	44.5	YES	2360
13 / 0900	1	1170	1170.0	11.0	7.73	46.7	YES	2360
14 / 0900	1.07	1170	1251.9	10.0	7.70	49.7	YES	2360
15 / 0900	1.06	1170	1240.2	9.4	7.74	52.5	YES	2360
16 / 0900	1.06	1170	1240.2	10.0	7.84	52.2	YES	2360
17 / 0900	1.14	1170	1333.8	9.9	7.78	51.9	YES	2360
18 / 0900	1.09	1170	1275.3	10.5	7.86	51.0	YES	2360
19 / 0900	0.95	1170	1111.5	11.6	7.68	43.8	YES	2360
20 / 0900	0.96	1170	1123.2	10.4	7.60	46.2	YES	2360
21 / 0900	1.22	1170	1427.4	9.7	7.66	50.9	YES	2360
22 / 0900	1.25	1170	1462.5	9.3	7.62	51.7	YES	2360
23 / 0900	1.25	1170	1462.5	9.6	7.54	49.3	YES	2360
24 / 0900	1.23	1170	1439.1	10.3	7.64	48.6	YES	2360
25 / 0900	1.27	1170	1485.9	9.7	7.61	50.3	YES	2360
26 / 0900	1.14	1170	1333.8	8.6	7.58	52.8	YES	2360
27 / 0900	0.96	1328	1274.9	8.8	7.59	51.2	YES	2080
28 / 0900	1.11	1170	1298.7	7.8	7.72	58.4	YES	2360
29 / 0900	1.07	1046	1119.2	8.6	7.62	53.1	YES	2640
30 / 0900	1.02	1046	1066.9	8.8	7.57	51.2	YES	2640
31 / 0900	1.07	1046	1119.2	9.0	7.59	51.1	YES	2640

³ If Cl₂ 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.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

PRINTED NAME: Tyler Mitchell	DATE: 7-Nov-2025
SIGNATURE: 	CERT #: T-09274
PHONE #: (541) 298-2248 x5010	