OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

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

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:

DATE: 5-Dec-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:	Nov-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	1.14	1046	1192.4	11.4	7.66	45.0	YES	2640
2 / 0900	1	1046	1046.0	10.4	7.56	45.7	YES	2640
3 / 0900	1.03	1046	1077.4	8.6	7.56	51.7	YES	2640
4 / 0900	1.07	1046	1119.2	8.4	7.64	54.2	YES	2640
5 / 0900	0.97	1046	1014.6	8.3	7.66	54.3	YES	2640
6 / 0900	0.92	1046	962.3	8.9	7.46	48.3	YES	2640
7 / 0900	0.98	1046	1025.1	9.7	7.48	46.5	YES	2640
8 / 0900	1.04	1046	1087.8	8.8	7.50	50.0	YES	2640
9 / 0900	1.14	1046	1192.4	7.5	7.46	54.4	YES	2640
10 / 0900	1.18	1046	1234.3	8.5	7.57	53.2	YES	2640
11 / 0900	1.11	1046	1161.1	8.5	7.67	54.7	YES	2640
12 / 0900	1.18	1046	1234.3	8.5	7.54	52.6	YES	2640
13 / 0900	1.24	1046	1297.0	9.0	7.41	48.9	YES	2640
14 / 0900	1.19	1046	1244.7	9.4	7.62	51.0	YES	2640
15 / 0900	1.18	1328	1567.0	9.6	7.61	50.1	YES	2080
16 / 0900	1.14	1328	1513.9	11.2	7.68	46.0	YES	2080
17 / 0900	1.16	1105	1281.8	9.9	7.45	46.3	YES	2500
18 / 0900	1.16	1105	1281.8	8.9	7.51	50.6	YES	2500
19 / 0900	1.24	1105	1370.2	7.0	7.47	57.1	YES	2500
20 / 0900	1.26	1105	1392.3	6.6	7.50	59.5	YES	2500
21 / 0900	1.24	1105	1370.2	6.9	7.52	58.6	YES	2500
22 / 0900	1.22	1105	1348.1	5.7	7.50	62.9	YES	2500
23 / 0900	1.24	1105	1370.2	6.2	7.49	60.8	YES	2500
24 / 0900	1.22	1105	1348.1	8.9	7.60	52.6	YES	2500
25 / 0900	1.2	1105	1326.0	6.3	7.53	60.9	YES	2500
26 / 0900	1.17	1328	1553.8	6.4	7.49	59.5	YES	2080
27 / 0900	1.1	1526	1678.6	6.8	7.61	59.9	YES	1810
28 / 0900	1.06	1328	1407.7	6.8	7.67	61.0	YES	2080
29 / 0900	1.01	1170	1181.7	5.5	7.40	60.1	YES	2360
30 / 0900	1.13	1170	1322.1	7.1	7.61	58.9	YES	2360

[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: 5-Dec-2025
PHONE #: (541) 298-2248 x5010	CERT #: T-09274