

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Wasco

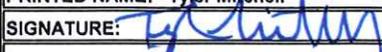
Conventional or Direct Filtration

Month/Year: Jan-26

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	0.07	0.07	0.07	0.07	0.07
2	0.08	0.06	0.08	0.09	0.07	0.07	0.09
3	0.07	0.07	0.07	0.07	0.06	0.07	0.07
4	0.06	0.06	0.07	0.07	0.06	0.07	0.07
5	0.07	0.08	0.08	0.07	0.08	0.08	0.08
6	0.07	0.08	0.07	0.07	0.08	0.08	0.08
7	0.08	0.08	0.08	0.08	0.08	0.08	0.08
8	0.08	0.07	0.08	0.08	0.07	0.08	0.08
9	0.07	0.07	0.07	0.07	0.07	0.06	0.07
10	0.07	0.07	0.07	0.08	0.09	0.08	0.09
11	0.07	0.07	0.08	0.08	0.07	0.07	0.08
12	0.06	0.05	0.06	0.06	0.06	0.06	0.06
13	0.07	0.06	0.08	0.06	0.06	0.06	0.08
14	0.06	0.06	0.06	0.05	0.06	0.06	0.06
15	0.07	0.07	0.06	0.07	0.07	0.06	0.07
16	0.06	0.06	0.07	0.07	0.06	0.06	0.07
17	0.07	0.06	0.06	0.07	0.08	0.08	0.08
18	0.06	0.07	0.06	0.08	0.08	0.09	0.09
19	0.07	0.07	0.08	0.08	0.07	0.09	0.09
20	0.07	0.08	0.08	0.08	0.08	0.08	0.08
21	0.08	0.07	0.08	0.06	0.07	0.08	0.08
22	0.07	0.06	0.07	0.07	0.08	0.06	0.08
23	0.07	0.06	0.08	0.06	0.07	0.08	0.08
24	0.06	0.06	0.06	0.08	0.08	0.07	0.08
25	0.06	0.07	0.07	0.08	0.08	0.07	0.08
26	0.08	0.06	0.07	0.07	0.07	0.08	0.08
27	0.07	0.07	0.07	0.07	0.06	0.07	0.07
28	0.06	0.06	0.07	0.06	0.06	0.06	0.07
29	0.06	0.06	0.07	0.07	0.07	0.07	0.07
30	0.07	0.06	0.07	0.07	0.07	0.06	0.07
31	0.06	0.06	0.06	0.06	0.07	0.06	0.07

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / No		
All turbidity readings < IFE ² triggers <input checked="" type="radio"/> Yes / No		

Notes:	PRINTED NAME: Tyler Mitchell	
	SIGNATURE: 	DATE: 2-10-2026
	PHONE #: (541) 298-2248 x5000	CERT #: T-08756

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

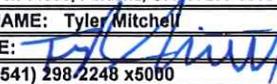
System Name:	City of The Dalles	ID#: 41	-00869	Month/Year:	Jan-26	Disinfection Giardia Log Inactive:	1
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1 / 0900	1.17	1424	1666.1	2.5	7.47	77.1	YES	1940
2 / 0900	1.3	1424	1851.2	3.4	7.42	72.2	YES	1940
3 / 0900	1.26	1424	1794.2	4.4	7.43	67.4	YES	1940
4 / 0900	1.17	1244	1455.5	4.8	7.39	63.9	YES	2220
5 / 0900	1.09	1244	1356.0	5.8	7.51	61.8	YES	2220
6 / 0900	1.11	1105	1226.6	4.3	7.44	66.9	YES	2500
7 / 0900	1.12	1046	1171.5	4.8	7.37	63.1	YES	2640
8 / 0900	1.16	1046	1213.4	4.5	7.30	63.1	YES	2640
9 / 0900	1.22	1654	2017.9	4.3	7.43	67.5	YES	1670
10 / 0900	1.13	1424	1609.1	5.4	7.47	62.9	YES	1940
11 / 0900	1.09	1654	1802.9	6.4	7.49	58.9	YES	1670
12 / 0900	1.15	1170	1345.5	5.1	7.39	62.5	YES	2360
13 / 0900	1.13	1046	1182.0	5.3	7.37	61.1	YES	2640
14 / 0900	1.19	994	1182.9	4.7	7.35	63.6	YES	2780
15 / 0900	1.17	994	1163.0	4.2	7.39	66.6	YES	2780
16 / 0900	1.18	994	1172.9	4.5	7.43	66.3	YES	2780
17 / 0900	1.19	994	1182.9	4.3	7.37	65.8	YES	2780
18 / 0900	1.16	994	1153.0	3.7	7.35	67.8	YES	2780
19 / 0900	1.09	1105	1204.5	4.1	7.54	70.2	YES	2500
20 / 0900	1.14	1105	1259.7	3.5	7.35	68.6	YES	2500
21 / 0900	1.15	1105	1270.8	2.9	7.39	72.6	YES	2500
22 / 0900	1.28	1105	1414.4	2.5	7.43	76.9	YES	2500
23 / 0900	1.27	1105	1403.4	2.2	7.37	76.8	YES	2500
24 / 0900	1.22	1105	1348.1	2.5	7.40	75.6	YES	2500
25 / 0900	1.16	1244	1443.0	1.3	7.38	80.9	YES	2220
26 / 0900	1.16	1105	1281.8	1.0	7.35	81.7	YES	2500
27 / 0900	1.19	1105	1315.0	2.1	7.37	76.6	YES	2500
28 / 0900	1.14	1105	1259.7	2.5	7.41	75.1	YES	2500
29 / 0900	1.17	994	1163.0	3.7	7.30	66.7	YES	2780
30 / 0900	1.12	994	1113.3	5.3	7.33	60.1	YES	2780
31 / 0900	1.14	1105	1259.7	5.7	7.33	58.6	YES	2500

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

PRINTED NAME: Tyler Mitchell	DATE: 2-10-2026
SIGNATURE: 	CERT #: T-08756
PHONE #: (541) 298-2248 x5000	