

OHA - Drinking Water Services -Turbidity Monitoring Report Form
Conventional or Direct Filtration

County: **Wasco**
 Month/Year: **Feb-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	0.08	0.06	0.07	0.06	0.06	0.08
2	0.06	0.07	0.06	0.07	0.06	0.06	0.07
3	0.07	0.06	0.07	0.07	0.08	0.07	0.08
4	0.08	0.07	0.07	0.06	0.07	0.08	0.08
5	0.08	0.07	0.06	0.07	0.07	0.07	0.07
6	0.07	0.07	0.06	0.07	0.07	0.08	0.08
7	0.07	0.07	0.08	0.07	0.08	0.07	0.08
8	0.07	0.07	0.06	0.06	0.07	0.07	0.07
9	0.06	0.06	0.06	0.06	0.06	0.05	0.06
10	0.06	0.07	0.07	0.08	0.07	0.07	0.08
11	0.07	0.06	0.07	0.09	0.06	0.06	0.09
12	0.06	0.06	0.06	0.06	0.07	0.09	0.09
13	0.07	0.07	0.05	0.05	0.06	0.06	0.07
14	0.06	0.06	0.07	0.07	0.06	0.07	0.07
15	0.07	0.06	0.06	0.06	0.07	0.06	0.07
16	0.05	0.08	0.06	0.07	0.06	0.07	0.07
17	0.07	0.06	0.07	0.07	0.07	0.08	0.08
18	0.07	0.07	0.06	0.08	0.08	0.08	0.08
19	0.07	0.06	0.05	0.06	0.06	0.07	0.07
20	0.06	0.07	0.06	0.06	0.06	0.07	0.07
21	0.06	0.06	0.06	0.08	0.08	0.07	0.08
22	0.08	0.07	0.08	0.07	0.08	0.07	0.08
23	0.07	0.07	0.07	0.07	0.07	0.07	0.07
24	0.07	0.06	0.07	0.07	0.06	0.06	0.07
25	0.07	0.07	0.06	0.05	0.07	0.07	0.07
26	0.06	0.07	0.06	0.06	0.08	0.06	0.08
27	0.06	0.08	0.08	0.08	0.07	0.07	0.08
28	0.07	0.07	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 ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		
All turbidity readings < IFE ² triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes:
 PRINTED NAME: **Tyler Mitchell**
 SIGNATURE: 
 PHONE #: (541) 298-2248 x5010
 DATE: 3-9-2026
 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

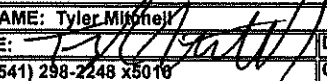
System Name: City of The Dalles ID#: 41 -00869 Month/Year: Feb-26 Disinfection Giardia Log Inactive: 1

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	994	1113.3	6.2	7.35	57.0	YES	2920
2 / 0900	1.07	946	1012.2	6.3	7.39	57.1	YES	2920
3 / 0900	1.07	946	1012.2	5.9	7.43	59.5	YES	2920
4 / 0900	1.04	946	983.8	5.6	7.37	59.2	YES	2920
5 / 0900	1.06	946	1002.8	6.3	7.30	55.2	YES	2920
6 / 0900	1.06	946	1002.8	6.0	7.26	55.5	YES	2920
7 / 0900	1.03	946	974.4	5.8	7.37	58.3	YES	2920
8 / 0900	1.03	946	974.4	5.7	7.31	57.5	YES	2920
9 / 0900	1.07	946	1012.2	6.0	7.21	54.6	YES	2920
10 / 0900	1.04	946	983.8	5.1	7.25	58.7	YES	2920
11 / 0900	1.08	946	1021.7	4.2	7.26	62.9	YES	2920
12 / 0900	1.15	946	1087.9	4.1	7.28	64.3	YES	2920
13 / 0900	1.23	946	1163.6	4.4	7.26	63.1	YES	2920
14 / 0900	1.23	1046	1286.6	5.5	7.31	59.6	YES	2640
15 / 0900	1.09	1046	1140.1	5.5	7.24	57.2	YES	2640
16 / 0900	1.15	1046	1202.9	5.8	7.25	56.7	YES	2640
17 / 0900	1.12	1046	1171.5	4.3	7.17	60.7	YES	2640
18 / 0900	1.08	994	1073.5	3.6	7.28	66.0	YES	2780
19 / 0900	1.16	994	1153.0	4.1	7.22	63.0	YES	2780
20 / 0900	1.19	994	1182.9	3.8	7.25	65.2	YES	2780
21 / 0900	1.14	994	1133.2	3.9	7.31	65.8	YES	2780
22 / 0900	1.12	994	1113.3	3.7	7.28	65.8	YES	2780
23 / 0900	1.12	994	1113.3	5.1	7.31	60.5	YES	2780
24 / 0900	1.08	994	1073.5	5.0	7.22	58.7	YES	2780
25 / 0900	1.02	994	1013.9	5.0	7.21	58.1	YES	2780
26 / 0900	1.03	994	1023.8	4.2	7.19	60.9	YES	2780
27 / 0900	1.09	994	1083.5	4.4	7.23	61.4	YES	2780
28 / 0900	1.11	994	1103.3	4.5	7.21	60.7	YES	2780

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

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