

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

County: **Wasco**
 Month/Year: **Mar-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	0.07	0.07	0.07	0.06	0.07	0.06	0.07	
2	0.07	0.07	0.05	0.06	0.06	0.06	0.07	
3	0.07	0.07	0.06	0.06	0.06	0.06	0.07	
4	0.07	0.06	0.06	0.07	0.07	0.07	0.07	
5	0.07	0.06	0.07	0.07	0.07	0.07	0.07	
6	0.06	0.06	0.07	0.06	0.07	0.07	0.07	
7	0.06	0.06	0.07	0.06	0.07	0.06	0.07	
8	0.05	0.05	0.05	0.06	0.06	0.07	0.07	
9	0.07	0.06	0.06	0.05	0.07	0.07	0.07	
10	0.07	0.07	0.06	0.07	0.07	0.06	0.07	
11	0.06	0.06	0.07	0.07	0.07	0.06	0.07	
12	0.07	0.07	0.06	0.06	0.06	0.07	0.07	
13	0.08	OFFLINE	OFFLINE	0.07	0.08	0.07	0.08	
14	0.07	OFFLINE	0.06	0.06	0.06	0.07	0.07	
15	0.06	0.07	0.07	0.08	0.07	0.08	0.08	
16	0.05	0.05	0.07	0.06	0.07	0.07	0.07	
17	0.07	0.07	0.07	0.07	0.07	0.07	0.07	
18	0.07	0.08	0.07	0.06	0.07	0.07	0.08	
19	0.06	0.06	0.05	0.05	0.06	0.06	0.06	
20	0.06	0.07	0.05	0.05	0.06	0.06	0.07	
21	0.06	0.06	0.06	0.06	0.06	0.06	0.06	
22	0.05	0.05	0.05	0.06	0.06	0.06	0.06	
23	0.07	0.06	0.05	0.06	0.06	0.06	0.07	
24	0.06	0.05	0.06	0.06	0.06	0.06	0.06	
25	0.05	0.05	0.05	0.06	0.07	0.05	0.07	
26	0.07	0.06	0.06	0.07	0.07	0.06	0.07	
27	0.08	0.06	0.07	0.08	0.06	0.06	0.08	
28	0.07	0.07	0.07	0.07	0.07	0.07	0.07	
29	0.06	0.06	0.07	0.06	0.06	0.06	0.07	
30	0.06	0.06	0.06	0.06	0.07	0.05	0.07	
31	0.05	0.07	0.06	0.06	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? All 4-hour turbidity readings ≤ 1 NTU? All turbidity readings < IFE ² triggers	<input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No <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

Notes:	PRINTED NAME: Tyler Mitchell	DATE: 10-April-2024
	SIGNATURE: 	CERT #: T-09274
	PHONE #: (541) 298-2248 x5010	

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 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:	Mar-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	1.12	994	1113.3	5.3	7.21	57.6	YES	2780
2 / 0900	1.13	994	1123.2	5.8	7.27	56.9	YES	2780
3 / 0900	1.12	994	1113.3	6.0	7.30	56.7	YES	2780
4 / 0900	1.14	946	1078.4	7.0	7.34	53.9	YES	2920
5 / 0900	1.05	946	993.3	6.3	7.23	53.8	YES	2920
6 / 0900	1.1	946	1040.6	6.2	7.27	55.2	YES	2920
7 / 0900	1.11	946	1050.1	7.1	7.32	53.0	YES	2920
8 / 0900	1.09	946	1031.1	7.3	7.36	52.9	YES	2920
9 / 0900	1	903	903.0	6.3	7.32	55.2	YES	3060
10 / 0900	1.09	903	984.3	5.0	7.29	60.3	YES	3060
11 / 0900	1.14	994	1133.2	5.6	7.46	61.9	YES	2780
12 / 0900	1.13	994	1123.2	7.1	7.34	53.5	YES	2780
13 / 0900	0.98	1170	1146.6	7.0	7.24	51.1	YES	2360
14 / 0900	0.96	1105	1060.8	7.2	7.22	49.9	YES	2500
15 / 0900	1.03	994	1023.8	5.7	7.25	56.3	YES	2780
16 / 0900	1.06	994	1053.6	6.2	7.28	55.2	YES	2780
17 / 0900	1.06	994	1053.6	7.1	7.21	50.7	YES	2780
18 / 0900	1.04	994	1033.8	7.5	7.32	51.2	YES	2780
19 / 0900	1.08	946	1021.7	7.5	7.23	49.8	YES	2920
20 / 0900	1.07	946	1012.2	8.7	7.23	45.9	YES	2920
21 / 0900	1.09	946	1031.1	9.2	7.32	46.0	YES	2920
22 / 0900	1.11	994	1103.3	7.1	7.31	52.8	YES	2780
23 / 0900	1.04	946	983.8	7.0	7.28	52.2	YES	2920
24 / 0900	1.03	946	974.4	8.0	7.32	49.4	YES	2920
25 / 0900	1.08	946	1021.7	8.2	7.25	47.9	YES	2920
26 / 0900	1.1	946	1040.6	6.5	7.30	54.7	YES	2920
27 / 0900	1.08	1105	1193.4	6.1	7.30	56.1	YES	2500
28 / 0900	1.06	1105	1171.3	7.1	7.30	52.3	YES	2500
29 / 0900	1.09	1105	1204.5	7.7	7.33	51.0	YES	2500
30 / 0900	1.11	994	1103.3	7.5	7.38	52.7	YES	2780
31 / 0900	1.16	994	1153.0	6.4	7.39	57.3	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.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

PRINTED NAME: Tyler Mitchell	DATE: 10-April-2026
SIGNATURE: 	CERT #: T-09274
PHONE #: (541) 298-2746 x5010	