

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

County: **Wasco**  
 Month/Year: **Jan-21**

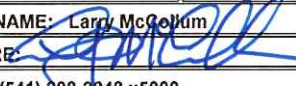
System Name: **City of The Dalles** ID#: **41-00869** WTP: **A**

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1	0.05	0.06	0.05	0.05	0.05	0.05	0.06
2	0.05	0.05	0.05	0.05	0.05	0.05	0.05
3	0.05	0.05	0.05	0.05	0.05	0.05	0.05
4	0.05	0.05	0.06	0.06	0.06	0.05	0.06
5	0.05	0.05	0.06	0.06	0.05	0.05	0.06
6	0.06	0.05	0.06	0.05	0.05	0.05	0.06
7	0.05	0.05	0.05	0.05	0.05	0.05	0.05
8	0.05	0.05	0.05	→	0.05	0.05	0.05
9	0.05	0.05	0.05	0.05	0.05	0.05	0.05
10	0.06	0.05	0.05	0.05	0.05	0.05	0.06
11	0.05	0.06	0.06	→	0.05	0.05	0.06
12	0.05	0.06	0.06	0.05	0.05	0.05	0.06
13	0.05	0.05	0.05	→	0.05	0.05	0.05
14	0.05	0.05	0.06	0.06	0.06	0.06	0.06
15	0.06	0.06	0.06	0.06	0.06	0.06	0.06
16	0.06	0.06	0.06	0.06	0.07	0.06	0.07
17	0.06	0.06	0.06	0.06	0.05	0.05	0.06
18	0.06	0.06	0.05	0.05	0.05	0.05	0.06
19	0.05	0.05	0.06	0.05	0.05	0.05	0.06
20	0.05	0.05	0.05	0.07	0.05	0.05	0.07
21	0.05	0.05	0.06	0.05	0.05	0.05	0.06
22	0.05	0.06	0.05	0.05	0.05	0.05	0.06
23	0.06	0.05	0.05	0.05	0.06	0.06	0.06
24	0.05	0.05	0.05	0.05	0.05	0.05	0.05
25	0.05	0.05	0.05	0.06	0.05	0.05	0.06
26	0.05	0.05	0.05	0.05	0.05	0.05	0.05
27	0.05	0.06	0.05	0.06	0.05	0.05	0.06
28	0.05	0.05	0.05	0.05	0.05	0.05	0.05
29	0.05	0.05	0.05	0.05	0.05	0.06	0.06
30	0.05	0.06	0.05	0.05	0.05	0.05	0.06
31	0.05	0.05	0.05	0.05	0.05	0.05	0.05

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
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95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / No All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / No All turbidity readings < IFE <sup>2</sup> triggers <input checked="" type="checkbox"/> Yes / No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No
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Notes: → = offline, plant maint.

PRINTED NAME: <b>Larry McCollum</b>	DATE: <b>Feb. 1, 2021</b>
SIGNATURE: 	CERT #: <b>T-08756</b>
PHONE #: <b>(541) 208-2248 x5000</b>	

<sup>1</sup> 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. <sup>2</sup> 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-21	Disinfection Giardia Log Inactive:	1
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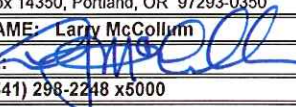
Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1 / 0900	1.12	1805	2021.6	5.5	7.48	62.6	YES	1530
2 / 0900	1.16	1805	2093.8	5.2	7.43	63.1	YES	1530
3 / 0900	1.11	1805	2003.6	5.7	7.55	63.3	YES	1530
4 / 0900	1.12	1805	2021.6	5.8	7.26	56.7	YES	1530
5 / 0900	1.05	1424	1495.2	5.5	7.32	58.6	YES	1940
6 / 0900	1.05	1424	1495.2	5.4	7.38	60.3	YES	1940
7 / 0900	1.15	1424	1637.6	5.9	7.57	63.2	YES	1940
8 / 0900	1.18	1424	1680.3	6.5	7.52	59.8	YES	1940
9 / 0900	1.06	1424	1509.4	4.6	7.32	62.4	YES	1940
10 / 0900	1.06	1424	1509.4	4.6	7.35	63.1	YES	1940
11 / 0900	1.05	1424	1495.2	5.1	7.59	66.4	YES	1940
12 / 0900	1.09	1424	1552.2	5.7	7.58	63.8	YES	1940
13 / 0900	1.12	1424	1594.9	8.2	7.15	46.4	YES	1940
14 / 0900	0.96	1424	1367.0	7.5	7.23	49.1	YES	1940
15 / 0900	0.89	1424	1267.4	6.1	7.55	60.0	YES	1940
16 / 0900	0.99	1424	1409.8	4.0	7.45	67.6	YES	1940
17 / 0900	1.09	1805	1967.5	4.6	7.58	68.8	YES	1530
18 / 0900	1.13	1526	1724.4	4.6	7.28	62.0	YES	1810
19 / 0900	1.13	1526	1724.4	4.4	7.33	64.0	YES	1810
20 / 0900	1.09	1526	1663.3	3.8	7.31	65.9	YES	1810
21 / 0900	1.07	1526	1632.8	4.8	7.34	62.1	YES	1810
22 / 0900	1.14	1526	1739.6	4.6	7.50	67.4	YES	1810
23 / 0900	1.17	1526	1785.4	3.7	7.29	66.5	YES	1810
24 / 0900	1.22	1526	1861.7	3.6	7.34	68.5	YES	1810
25 / 0900	1.16	1805	2093.8	3.9	7.22	63.8	YES	1530
26 / 0900	1.21	1526	1846.5	4.2	7.31	65.0	YES	1810
27 / 0900	1.24	1526	1892.2	4.2	7.56	71.5	YES	1810
28 / 0900	1.22	1526	1861.7	4.3	7.57	71.1	YES	1810
29 / 0900	1.21	1526	1846.5	4.1	7.64	73.8	YES	1810
30 / 0900	1.3	1526	1983.8	3.7	7.52	73.4	YES	1810
31 / 0900	1.3	1526	1983.8	4.6	7.58	70.5	YES	1810

<sup>3</sup> If Cl<sub>2</sub> 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: Larry McCollum	
SIGNATURE: 	DATE: Feb. 1, 2021
PHONE #: (541) 298-2248 x5000	CERT #: T-08756