

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Wasco

Conventional or Direct Filtration

Month/Year: Feb-21

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

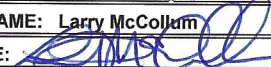
Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day ¹ [NTU]
1	0.05	0.05	0.05	0.05	0.05	0.05	0.05
2	0.05	0.05	0.05	0.06	0.06	0.05	0.06
3	0.05	0.05	0.05	0.06	0.05	0.05	0.06
4	0.05	0.06	0.06	0.06	0.05	0.05	0.06
5	0.05	0.05	0.05	0.05	0.05	0.05	0.05
6	0.05	0.05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

Monthly Summary (Answer Yes or No)

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

Notes:

PRINTED NAME: Larry McCollum

SIGNATURE: 

DATE: March 3, 2021

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
Disinfection Giardia Log Inactive:
1


System Name:	City of The Dalles	ID#: 41	-00869	Month/Year:	Feb-21
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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	1.23	1244	1530.1	5.5	7.33	60.1	YES	2220
2 / 0900	1.28	1244	1592.3	5.9	7.28	57.8	YES	2220
3 / 0900	1.21	1244	1505.2	5.0	7.33	62.0	YES	2220
4 / 0900	1.39	1244	1729.2	5.0	7.50	67.4	YES	2220
5 / 0900	1.27	1244	1579.9	5.5	7.59	66.3	YES	2220
6 / 0900	1.3	1244	1617.2	5.5	7.30	59.9	YES	2220
7 / 0900	1.31	1244	1629.6	5.2	7.28	60.8	YES	2220
8 / 0900	1.27	1654	2100.6	4.2	7.61	73.0	YES	1670
9 / 0900	1.21	1654	2001.3	2.7	7.76	85.0	YES	1670
10 / 0900	1.29	1654	2133.7	3.3	7.67	79.6	YES	1670
11 / 0900	1.31	1424	1865.4	4.2	7.53	71.3	YES	1940
12 / 0900	1.32	1424	1879.7	4.7	7.81	76.4	YES	1940
13 / 0900	1.29	1424	1837.0	3.1	7.68	81.0	YES	1940
14 / 0900	1.24	1424	1765.8	3.0	7.76	83.5	YES	1940
15 / 0900	1.24	1654	2051.0	3.7	7.74	79.0	YES	1670
16 / 0900	1.24	1654	2051.0	3.7	7.65	76.4	YES	1670
17 / 0900	1.16	1424	1651.8	5.2	7.51	64.9	YES	1940
18 / 0900	1.24	1424	1765.8	5.6	7.49	63.3	YES	1940
19 / 0900	1.18	1424	1680.3	4.6	7.50	67.5	YES	1940
20 / 0900	1.22	1424	1737.3	5.6	7.35	60.0	YES	1940
21 / 0900	1.16	1424	1651.8	5.7	7.32	58.6	YES	1940
22 / 0900	1.01	1424	1438.2	5.6	7.34	58.4	YES	1940
23 / 0900	0.93	1424	1324.3	6.3	7.30	54.4	YES	1940
24 / 0900	1.02	1424	1452.5	5.6	7.49	61.7	YES	1940
25 / 0900	1.09	1424	1552.2	3.6	7.47	70.8	YES	1940
26 / 0900	1.17	1424	1666.1	4.5	7.47	67.2	YES	1940
27 / 0900	1.07	1424	1523.7	3.8	7.45	69.2	YES	1940
28 / 0900	1.08	1424	1537.9	4.3	7.55	69.4	YES	1940

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 97299-0350

PRINTED NAME: Larry McCollum	DATE: March 3, 2021
SIGNATURE: 	CERT #: T-08756
PHONE #: (541) 298-2248 x5000	