

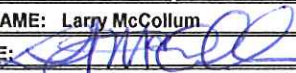
OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Wasco  
 Month/Year: Apr-21

Conventional or Direct Filtration

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

Conventional or Direct Filtration	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) <input checked="" type="checkbox"/> Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l? <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		

Notes:	PRINTED NAME: Larry McCollum
	SIGNATURE:  DATE: May 5, 2021
	PHONE #: (541) 298-2248 x5000 CERT #: T-08756

<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
Disinfection Giardia Log Inactive:
1

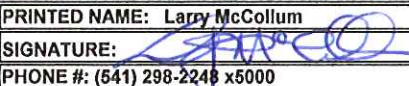
System Name: City of The Dalles ID#: 41 -00869 Month/Year: Apr-21

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	1.07	1105	1182.4	6.3	7.30	55.3	YES	2500
2 / 0900	1.07	1105	1182.4	6.9	7.47	56.4	YES	2500
3 / 0900	1.13	1105	1248.7	7.5	7.43	53.8	YES	2500
4 / 0900	1.16	1424	1651.8	7.6	7.44	53.8	YES	1940
5 / 0900	1.07	1424	1523.7	6.2	7.15	52.7	YES	1940
6 / 0900	1.17	946	1106.8	9.0	7.48	49.7	YES	2920
7 / 0900	1.32	946	1248.7	6.8	7.28	54.6	YES	2920
8 / 0900	1.18	946	1116.3	8.3	7.29	48.8	YES	2920
9 / 0900	1.24	994	1232.6	8.2	7.41	51.6	YES	2780
10 / 0900	1.23	1046	1286.6	6.9	7.40	56.0	YES	2640
11 / 0900	1.29	1046	1349.3	4.3	7.51	70.1	YES	2640
12 / 0900	1.27	1244	1579.9	5.6	7.30	59.3	YES	2220
13 / 0900	1.03	946	974.4	5.5	7.34	58.9	YES	2920
14 / 0900	1.16	796	923.4	5.7	7.30	58.1	YES	3470
15 / 0900	1.18	710	837.8	7.3	7.41	54.4	YES	3890
16 / 0900	1.28	710	908.8	8.4	7.46	52.1	YES	3890
17 / 0900	1.29	710	915.9	8.2	7.30	49.9	YES	3890
18 / 0900	1.21	710	859.1	8.9	7.37	48.4	YES	3890
19 / 0900	1.29	710	915.9	9.6	7.14	43.0	YES	3890
20 / 0900	1.24	710	880.4	10.7	7.34	42.6	YES	3890
21 / 0900	1.22	765	933.3	10.3	7.53	46.7	YES	3610
22 / 0900	1.22	765	933.3	10.6	7.47	44.8	YES	3610
23 / 0900	1.2	765	918.0	9.5	7.58	50.0	YES	3610
24 / 0900	1.14	765	872.1	9.6	7.50	48.0	YES	3610
25 / 0900	1.21	765	925.7	8.1	7.37	51.0	YES	3610
26 / 0900	1.19	829	986.5	8.4	7.47	51.7	YES	3330
27 / 0900	1.22	829	1011.4	8.7	7.48	51.0	YES	3330
28 / 0900	1.19	710	844.9	9.6	7.37	46.1	YES	3890
29 / 0900	1.24	710	880.4	11.0	7.49	44.1	YES	3890
30 / 0900	1.19	710	844.9	11.6	7.45	41.5	YES	3890

<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: May 5, 2021
PHONE #: (541) 298-2248 x5000	CERT #: T-08756