

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

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

System Name:	City of The Dalles		ID#: 41-00869	WTP : <b>A</b>			
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	0.06	0.05	0.06	0.06
3	0.06	0.06	0.06	0.06	0.06	0.06	0.06
4	0.06	0.06	0.06	0.06	0.06	0.05	0.06
5	0.05	0.05	0.05	0.06	0.05	0.05	0.06
6	0.05	0.05	0.05	0.06	0.05	0.05	0.06
7	0.05	0.05	0.05	0.06	0.05	0.06	0.06
8	0.06	0.05	0.06	0.06	0.05	0.05	0.06
9	0.05	0.05	0.05	0.05	0.05	0.05	0.05
10	0.05	0.05	0.05	0.05	0.05	0.05	0.05
11	0.05	0.05	0.05	0.05	0.06	0.07	0.07
12	0.05	0.05	0.05	0.05	0.05	0.05	0.05
13	0.05	0.05	0.05	0.05	0.05	0.05	0.05
14	0.05	0.05	0.05	0.05	0.05	0.05	0.05
15	0.05	0.05	0.05	0.05	0.05	0.05	0.05
16	0.05	0.05	0.05	0.05	0.05	0.06	0.06
17	0.05	0.05	0.05	0.06	0.06	0.05	0.06
18	0.05	0.05	0.05	0.06	0.05	0.06	0.06
19	0.05	0.05	0.05	0.06	0.05	0.05	0.06
20	0.05	0.05	0.05	0.06	0.05	0.05	0.06
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	0.01	0.05	0.05	0.05	0.05
24	0.05	0.05	0.05	0.05	0.05	0.05	0.05
25	0.05	0.05	0.05	0.05	0.05	0.05	0.05
26	0.05	0.05	0.05	0.06	0.05	0.05	0.06
27	0.05	0.05	0.05	0.05	0.05	0.05	0.05
28	0.05	0.05	0.05	0.06	0.06	0.05	0.06
29	0.05	0.05	0.05	0.05	0.05	0.05	0.05
30	0.05	0.05	0.05	0.05	0.05	0.05	0.05
31	0.06	0.05	0.05	0.06	0.06	0.06	0.06

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of 4-hour turbidity readings $\leq$ 0.3 NTU?	Yes / No	CT's met everyday? (see back)	All Cl2 residual at entry point $\geq$ 0.2 mg/l?
All 4-hour turbidity readings $\leq$ 1 NTU?	Yes / No	Yes / No	Yes / No
All turbidity readings < IFE <sup>2</sup> triggers	Yes / No		
Notes:		PRINTED NAME: Larry McCollum	07 JUN 21
		SIGNATURE:	June 4, 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

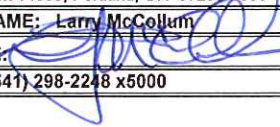
System Name:	City of The Dalles	ID#: 41	-00869	Month/Year:	May-21
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1 / 0900	1.24	796	987.0	13.3	7.31	35.2	YES	3470
2 / 0900	1.18	903	1065.5	10.7	7.35	42.5	YES	3060
3 / 0900	1.25	796	995.0	10.0	7.40	45.6	YES	3470
4 / 0900	1.23	796	979.1	11.2	7.51	43.7	YES	3470
5 / 0900	1.27	796	1010.9	10.3	7.26	42.7	YES	3470
6 / 0900	1.26	737	928.6	12.6	7.27	36.4	YES	3750
7 / 0900	1.31	737	965.5	12.7	7.53	40.0	YES	3750
8 / 0900	1.28	796	1018.9	8.7	7.46	51.0	YES	3470
9 / 0900	1.24	796	987.0	9.6	7.51	48.7	YES	3470
10 / 0900	1.16	737	854.9	10.4	7.39	43.9	YES	3750
11 / 0900	1.26	737	928.6	10.6	7.47	45.0	YES	3750
12 / 0900	1.17	737	862.3	11.9	7.49	41.2	YES	3750
13 / 0900	1.24	737	913.9	12.5	7.38	38.1	YES	3750
14 / 0900	1.22	737	899.1	13.6	7.39	35.4	YES	3750
15 / 0900	1.37	737	1009.7	13.0	7.39	37.5	YES	3750
16 / 0900	1.22	737	899.1	13.5	7.37	35.4	YES	3750
17 / 0900	1.31	737	965.5	14.1	7.38	34.5	YES	3750
18 / 0900	1.3	737	958.1	14.5	7.42	34.1	YES	3750
19 / 0900	1.31	737	965.5	13.3	7.53	38.4	YES	3750
20 / 0900	1.32	737	972.8	10.2	7.55	47.9	YES	3750
21 / 0900	1.27	737	936.0	11.0	7.56	45.3	YES	3750
22 / 0900	1.27	796	1010.9	11.3	7.49	43.3	YES	3470
23 / 0900	1.25	796	995.0	10.1	7.50	47.0	YES	3470
24 / 0900	1.19	796	947.2	11.7	7.37	40.1	YES	3470
25 / 0900	1.23	796	979.1	12.3	7.47	40.1	YES	3470
26 / 0900	1.15	710	816.5	11.5	7.47	41.9	YES	3890
27 / 0900	1.2	710	852.0	12.7	7.37	37.3	YES	3890
28 / 0900	1.24	710	880.4	12.1	7.40	39.7	YES	3890
29 / 0900	1.19	710	844.9	11.5	7.41	41.2	YES	3890
30 / 0900	1.19	710	844.9	12.4	7.44	39.3	YES	3890
31 / 0900	1.34	710	951.4	13.0	7.44	38.1	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: Larny McCollum	
SIGNATURE: 	07 JUN 21 - 4 Jun 21
PHONE #: (541) 298-2248 x5000	CERT #: T-08756