

OHA - Drinking Water Services -Turbidity Monitoring Report Form

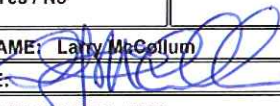
County: Wasco

Conventional or Direct Filtration

Month/Year: Jun-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	0.06	0.05	0.05	0.05	0.05	0.06	0.06	
2	0.06	0.05	0.05	0.06	0.06	0.05	0.06	
3	0.05	0.06	0.06	0.06	0.06	0.05	0.06	
4	0.05	0.05	0.06	0.06	0.05	0.06	0.06	
5	0.06	0.05	0.05	0.05	0.05	0.05	0.06	
6	0.05	0.06	0.06	0.06	0.06	0.05	0.06	
7	0.05	0.05	0.06	0.05	0.05	0.05	0.06	
8	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
9	0.05	0.05	0.05	0.06	0.05	0.05	0.06	
10	0.05	0.05	0.06	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	0.05	0.05	0.05	0.05	
13	0.06	0.05	0.05	0.05	0.05	0.05	0.06	
14	0.05	0.06	0.05	0.05	0.05	0.05	0.06	
15	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
16	0.05	0.05	0.06	0.06	0.06	0.05	0.06	
17	0.05	0.05	0.05	0.05	0.06	0.05	0.06	
18	0.06	0.05	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	0.05	0.05	0.05	0.05	
21	0.05	0.06	0.05	0.06	0.05	0.05	0.06	
22	0.06	0.05	0.06	0.05	0.05	0.05	0.06	
23	0.05	0.05	0.05	0.06	0.05	0.05	0.06	
24	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
25	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
26	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
27	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
28	0.05	0.06	0.07	0.06	0.02	0.06	0.07	
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	

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	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?	Yes / No	Yes / No	Yes / No
All turbidity readings < IFE ² triggers	Yes / No		

Notes:	PRINTED NAME: Larry McCallum	DATE: July 7, 2021
	SIGNATURE: 	CERT #: T-08756
	PHONE #: (541) 298-2248 x5000	

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: Jun-21

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	710	873.3	15.6	7.55	32.9	YES	3890
2 / 0900	1.2	710	852.0	16.6	7.35	28.5	YES	3890
3 / 0900	1.19	710	844.9	18.7	7.37	24.9	YES	3890
4 / 0900	1.17	710	830.7	18.3	7.43	26.1	YES	3890
5 / 0900	1.18	710	837.8	14.7	7.58	35.2	YES	3890
6 / 0900	1.22	710	866.2	12.5	7.63	41.6	YES	3890
7 / 0900	1.21	796	963.2	12.0	7.44	40.4	YES	3470
8 / 0900	1.15	796	915.4	11.4	7.56	43.5	YES	3470
9 / 0900	1.22	796	971.1	11.2	7.53	44.0	YES	3470
10 / 0900	1.16	710	823.6	11.7	7.46	41.3	YES	3890
11 / 0900	1.17	710	830.7	12.8	7.43	37.7	YES	3890
12 / 0900	1.21	710	859.1	12.7	7.42	38.0	YES	3890
13 / 0900	1.31	710	930.1	15.5	7.39	31.5	YES	3890
14 / 0900	1.28	710	908.8	15.5	7.37	31.2	YES	3890
15 / 0900	1.34	710	951.4	15.8	7.39	31.0	YES	3890
16 / 0900	1.22	710	866.2	15.2	7.53	33.5	YES	3890
17 / 0900	1.19	710	844.9	14.4	7.50	34.9	YES	3890
18 / 0900	1.11	1105	1226.6	15.5	7.57	33.0	YES	2500
19 / 0900	1.11	1105	1226.6	14.8	7.48	33.4	YES	2500
20 / 0900	1.09	1105	1204.5	17.0	7.49	28.9	YES	2500
21 / 0900	0.91	1105	1005.6	16.6	7.45	28.6	YES	2500
22 / 0900	0.91	1105	1005.6	18.6	7.53	25.8	YES	2500
23 / 0900	1	1105	1105.0	17.2	7.51	28.4	YES	2500
24 / 0900	0.95	1105	1049.8	17.6	7.56	28.0	YES	2500
25 / 0900	0.94	1105	1038.7	18.0	7.48	26.5	YES	2500
26 / 0900	0.82	903	740.5	17.6	7.34	25.4	YES	3060
27 / 0900	1.04	903	939.1	17.6	7.36	26.3	YES	3060
28 / 0900	1.01	796	804.0	17.9	7.49	26.9	YES	3470
29 / 0900	0.96	796	764.2	17.6	7.53	27.7	YES	3470
30 / 0900	0.89	796	708.4	18.6	7.36	24.2	YES	3470

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: Larry McCollum	
SIGNATURE: 	DATE: July 7, 2021
PHONE #: (541) 298-2248 x5000	CERT #: T-08756