

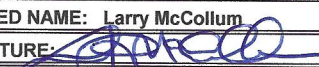
OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Wasco

Conventional or Direct Filtration

Month/Year: Jul-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	0.05	0.06	0.06	0.06	0.06	0.06	
2	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
3	0.05	0.06	0.06	0.06	0.05	0.05	0.06	
4	0.05	0.05	0.06	0.05	0.05	0.06	0.06	
5	0.06	0.05	0.04	0.05	0.05	0.05	0.06	
6	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
7	0.06	0.05	0.05	0.05	0.05	0.05	0.06	
8	0.05	0.05	0.06	0.05	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	0.05	0.05	0.05	
12	0.05	0.05	0.05	0.05	0.06	0.05	0.06	
13	0.05	0.05	0.05	0.06	0.06	0.05	0.06	
14	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
15	0.06	0.06	0.05	0.06	0.07	0.05	0.07	
16	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
17	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
18	0.05	0.05	0.06	0.06	0.05	0.05	0.06	
19	0.06	0.05	0.05	0.05	0.05	0.05	0.06	
20	0.05	0.05	0.06	0.06	0.06	0.06	0.06	
21	0.05	0.05	0.06	0.06	0.05	0.06	0.06	
22	0.05	0.05	0.05	0.06	0.06	0.06	0.06	
23	0.05	0.05	0.05	0.05	0.06	0.05	0.06	
24	0.06	0.05	0.05	0.05	0.05	0.05	0.06	
25	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
26	0.05	0.05	0.06	0.05	0.06	0.05	0.06	
27	0.05	0.05	0.06	0.06	0.06	0.05	0.06	
28	0.05	0.05	0.05	0.06	0.06	0.05	0.06	
29	0.05	0.05	0.05	0.06	0.05	0.05	0.06	
30	0.05	0.05	0.05	0.06	0.05	0.05	0.06	
31	0.05	0.05	0.06	0.05	0.05	0.05	0.06	

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings $\leq$ 0.3 NTU? <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 $\geq$ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No
All 4-hour turbidity readings $\leq$ 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: August 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 Eff. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

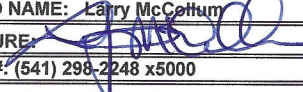
System Name: City of The Dalles						WTP : A	
ID#: 41	-00869	Month/Year: Jul-21	Disinfection Giardia Log Inactive:		1		

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	1.08	796	859.7	19.4	7.27	22.6	YES	3470
2 / 0900	0.96	710	681.6	18.1	7.55	27.0	YES	3890
3 / 0900	1.05	710	745.5	16.2	7.43	29.7	YES	3890
4 / 0900	1.05	710	745.5	14.9	7.52	33.4	YES	3890
5 / 0900	0.83	710	589.3	15.7	7.44	30.0	YES	3890
6 / 0900	1.05	710	745.5	15.0	7.48	32.7	YES	3890
7 / 0900	1.07	710	759.7	17.0	7.64	30.5	YES	3890
8 / 0900	0.99	710	702.9	15.2	7.41	31.3	YES	3890
9 / 0900	1.06	710	752.6	14.9	7.46	32.7	YES	3890
10 / 0900	1.05	710	745.5	15.9	7.28	28.6	YES	3890
11 / 0900	1.07	710	759.7	16.3	7.38	29.0	YES	3890
12 / 0900	1.02	710	724.2	15.6	7.44	30.9	YES	3890
13 / 0900	1.08	710	766.8	18.0	7.36	25.7	YES	3890
14 / 0900	1.01	710	717.1	18.3	7.54	26.7	YES	3890
15 / 0900	1.05	710	745.5	17.1	7.40	27.6	YES	3890
16 / 0900	1.13	710	802.3	16.5	7.48	29.9	YES	3890
17 / 0900	1.14	710	809.4	15.1	7.41	32.0	YES	3890
18 / 0900	1.1	710	781.0	15.1	7.49	32.8	YES	3890
19 / 0900	1.06	710	752.6	16.2	7.41	29.5	YES	3890
20 / 0900	1.07	994	1063.6	16.8	7.47	29.0	YES	2780
21 / 0900	1.08	994	1073.5	16.2	7.52	30.8	YES	2780
22 / 0900	1.19	994	1182.9	14.8	7.56	34.7	YES	2780
23 / 0900	1.18	994	1172.9	15.6	7.41	31.1	YES	2780
24 / 0900	1.1	994	1093.4	16.6	7.39	28.6	YES	2780
25 / 0900	1.13	994	1123.2	17.6	7.25	25.5	YES	2780
26 / 0900	0.99	994	984.1	16.6	7.41	28.5	YES	2780
27 / 0900	1.08	994	1073.5	18.4	7.56	27.0	YES	2780
28 / 0900	1.11	994	1103.3	17.8	7.22	24.8	YES	2780
29 / 0900	1.16	994	1153.0	19.2	7.43	24.6	YES	2780
30 / 0900	1.14	994	1133.2	19.7	7.49	24.2	YES	2780
31 / 0900	1.13	994	1123.2	19.7	7.55	24.8	YES	2780

<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: August 4, 2021
PHONE #: (541) 298-2248 x5000	CERT #: T-08756