

OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Wasco

Month/Year: Aug-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	0.06	0.06	0.05	0.06	
2	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
3	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
4	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
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	0.05	0.05	0.05	0.05	
10	0.05	0.05	0.05	0.05	0.06	0.05	0.06	
11	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
12	0.05	0.05	0.05	0.06	0.05	0.05	0.06	
13	0.05	0.05	0.05	0.06	0.05	0.05	0.06	
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	0.05	0.05	
17	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
18	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
19	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
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	0.05	0.05	
24	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
25	0.05	0.04	0.03	0.05	0.05	0.05	0.05	
26	0.05	0.04	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	0.05	0.05	0.05	0.05	0.04	0.05	
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	0.05	0.05	0.05	0.05	0.05	0.05	0.05	

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)	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	DATE: Sept. 2, 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

System Name: City of The Dalles						ID#: 41	-00869	Month/Year: Aug-21	WTP : A	Disinfection Giardia Log Inactive:	1
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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	1.17	994	1163.0	19.3	7.59	25.9	YES	2780
2 / 0900	1.08	829	895.3	19.3	7.57	25.5	YES	3330
3 / 0900	1.12	765	856.8	21.3	7.72	23.7	YES	3610
4 / 0900	1.08	765	826.2	21.4	7.73	23.5	YES	3610
5 / 0900	1.11	946	1050.1	21.4	7.71	23.4	YES	2920
6 / 0900	1.17	946	1106.8	20.5	7.76	25.5	YES	2920
7 / 0900	1.16	946	1097.4	20.8	7.72	24.6	YES	2920
8 / 0900	1.12	1244	1393.3	17.6	7.44	27.3	YES	2220
9 / 0900	1.18	1244	1467.9	15.3	7.60	34.0	YES	2220
10 / 0900	1.13	1244	1405.7	17.7	7.40	26.8	YES	2220
11 / 0900	1.06	1244	1318.6	19.0	7.59	26.1	YES	2220
12 / 0900	0.94	1105	1038.7	20.2	7.61	24.0	YES	2500
13 / 0900	1.06	1105	1171.3	19.9	7.64	25.1	YES	2500
14 / 0900	1.18	1105	1303.9	19.3	7.61	26.2	YES	2500
15 / 0900	1.15	1105	1270.8	18.7	7.63	27.3	YES	2500
16 / 0900	1.13	1105	1248.7	19.1	7.44	24.7	YES	2500
17 / 0900	1.16	1105	1281.8	18.0	7.43	26.6	YES	2500
18 / 0900	1.11	1105	1226.6	16.0	7.63	32.6	YES	2500
19 / 0900	1.15	1105	1270.8	17.3	7.61	29.8	YES	2500
20 / 0900	1.1	1105	1215.5	17.1	7.48	28.6	YES	2500
21 / 0900	1.06	1105	1171.3	15.9	7.42	30.2	YES	2500
22 / 0900	1.11	1105	1226.6	15.5	7.43	31.3	YES	2500
23 / 0900	1.07	1105	1182.4	14.0	7.59	36.5	YES	2500
24 / 0900	1.15	1105	1270.8	14.3	7.55	35.6	YES	2500
25 / 0900	1.12	1105	1237.6	14.6	7.28	31.5	YES	2500
26 / 0900	1.14	1105	1259.7	15.9	7.39	30.1	YES	2500
27 / 0900	1.17	1105	1292.9	16.4	7.43	29.7	YES	2500
28 / 0900	1.2	1105	1326.0	14.5	7.54	35.2	YES	2500
29 / 0900	1.3	1105	1436.5	14.9	7.65	36.1	YES	2500
30 / 0900	1.21	1105	1337.1	15.9	7.36	30.0	YES	2500
31 / 0900	1.29	1105	1425.5	14.7	7.56	35.3	YES	2500

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: Sept. 2, 2021
PHONE #: (541) 298-2248 x5000	CERT #: T-08756