

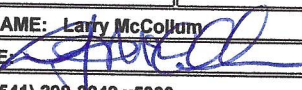
OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Wasco

Month/Year: Sep-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	0.05	0.05	0.06	0.04	0.06	
2	0.05	0.05	0.04	0.04	0.04	0.04	0.05	
3	0.04	0.04	0.04	0.05	0.04	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	0.04	0.05	0.04	0.04	0.05	0.05	
7	0.04	0.04	0.04	0.05	0.05	0.04	0.05	
8	0.04	0.04	0.05	0.04	0.05	0.04	0.05	
9	0.05	0.05	0.04	0.05	0.05	0.04	0.05	
10	0.04	0.04	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	0.05	0.04	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	0.05	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	0.04	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	0.06	0.06	0.06	
22	0.05	0.06	0.04	0.05	0.05	0.04	0.06	
23	0.04	0.05	0.05	0.05	0.05	0.05	0.05	
24	0.04	0.04	0.05	0.05	0.05	0.05	0.05	
25	0.05	0.05	0.05	0.05	0.04	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	0.05	0.05	0.05	0.05	0.05	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	

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <b>Yes</b>	CT's met everyday? (see back) <b>Yes</b>	All Cl2 residual at entry point ≥ 0.2 mg/l? <b>Yes</b>
All 4-hour turbidity readings ≤ 1 NTU? <b>Yes</b>		
All turbidity readings < IFE <sup>2</sup> triggers <b>Yes</b>		
Notes:	PRINTED NAME: Larry McCollum	DATE: 04 Oct 21
	SIGNATURE: 	
	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 Efl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP : A


System Name: City of The Dalles	ID#: 41	-00869	Month/Year: Sep-21	Disinfection Giardia Log Inactive:	1
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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	1.16	1424	1651.8	13.2	7.68	40.2	YES	1940
2 / 0900	1.06	1526	1617.6	13.3	7.38	35.4	YES	1810
3 / 0900	1.18	1526	1800.7	13.6	7.54	37.3	YES	1810
4 / 0900	1.21	1526	1846.5	14.5	7.51	34.8	YES	1810
5 / 0900	1.16	1526	1770.2	15.3	7.41	31.7	YES	1810
6 / 0900	1.17	1526	1785.4	16.0	7.49	31.2	YES	1810
7 / 0900	1.11	1526	1693.9	17.0	7.41	28.1	YES	1810
8 / 0900	1.15	1526	1754.9	17.4	7.57	29.2	YES	1810
9 / 0900	1.06	1526	1617.6	16.2	7.60	31.6	YES	1810
10 / 0900	1.1	1526	1678.6	17.0	7.60	30.1	YES	1810
11 / 0900	1.03	1526	1571.8	15.1	7.37	31.1	YES	1810
12 / 0900	1.12	1526	1709.1	14.9	7.62	35.0	YES	1810
13 / 0900	1.13	1526	1724.4	15.1	7.39	31.7	YES	1810
14 / 0900	1.19	1526	1815.9	13.8	7.33	34.1	YES	1810
15 / 0900	1.2	1526	1831.2	15.8	7.70	34.2	YES	1810
16 / 0900	1.1	1526	1678.6	13.1	7.67	40.1	YES	1810
17 / 0900	1.23	1526	1877.0	12.2	7.67	43.3	YES	1810
18 / 0900	1.18	1526	1800.7	13.9	7.58	37.1	YES	1810
19 / 0900	1.11	1526	1693.9	13.5	7.57	37.6	YES	1810
20 / 0900	1.1	1526	1678.6	12.9	7.68	40.7	YES	1810
21 / 0900	1.21	1526	1846.5	12.6	7.73	42.9	YES	1810
22 / 0900	1.17	1987	2324.8	13.2	7.65	39.8	YES	1390
23 / 0900	1.15	1987	2285.1	14.1	7.61	36.9	YES	1390
24 / 0900	1.14	1987	2265.2	14.2	7.60	36.5	YES	1390
25 / 0900	1.17	1987	2324.8	13.5	7.61	38.5	YES	1390
26 / 0900	1.1	1987	2185.7	13.7	7.62	37.8	YES	1390
27 / 0900	1.1	1987	2185.7	14.7	7.55	34.5	YES	1390
28 / 0900	1.07	1987	2126.1	13.5	7.64	38.5	YES	1390
29 / 0900	1.19	1987	2364.5	11.9	7.63	43.4	YES	1390
30 / 0900	1.12	1987	2225.4	12.1	7.59	41.9	YES	1390

<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: <u>Larry McCollum</u>	DATE: <u>04 Oct 21</u>
SIGNATURE: 	CERT #: <u>T-08756</u>
PHONE #: <u>(541) 298-2248 x5000</u>	