

OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Wasco
Month/Year: Oct-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	0.05	0.05	0.05	0.05	
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	0.06	0.05	0.05	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	0.05	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	0.05	0.05	
17	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
18	0.05	0.05	0.05	0.06	0.05	0.05	0.06	
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	0.06	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	0.05	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	
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) <input checked="" type="checkbox"/> Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / No		
All turbidity readings < IFE ² triggers <input checked="" type="checkbox"/> Yes / No		

Notes:	PRINTED NAME: Larry McCallum	08 NOV 21
	SIGNATURE:	DATE: Nov. 1st, 2021
	PHONE #: (541) 298-2248 x5000	CERT #: T-08756

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

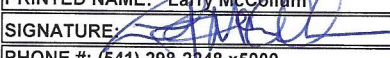
System Name: City of The Dalles						ID#: 41	-00869	Month/Year: Oct-21	WTP : A	Disinfection Giardia Log Inactive:	1
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1 / 0900	1.19	1987	2364.5	11.5	7.60	44.1	YES	1390
2 / 0900	1.14	1987	2265.2	11.2	7.57	44.2	YES	1390
3 / 0900	1.11	1987	2205.6	11.5	7.56	43.1	YES	1390
4 / 0900	1.18	1987	2344.7	11.6	7.62	44.0	YES	1390
5 / 0900	1.21	1987	2404.3	13.1	7.58	39.2	YES	1390
6 / 0900	1.19	1987	2364.5	13.1	7.61	39.6	YES	1390
7 / 0900	1.2	1987	2384.4	10.6	7.65	47.7	YES	1390
8 / 0900	1.22	1987	2424.1	9.8	7.63	50.0	YES	1390
9 / 0900	1.23	1987	2444.0	8.9	7.61	52.8	YES	1390
10 / 0900	1.24	1987	2463.9	10.8	7.56	45.8	YES	1390
11 / 0900	1.18	1987	2344.7	9.8	7.54	48.2	YES	1390
12 / 0900	1.11	1987	2205.6	8.2	7.53	53.1	YES	1390
13 / 0900	1.18	1987	2344.7	9.0	7.58	51.6	YES	1390
14 / 0900	1.19	1987	2364.5	8.8	7.63	53.3	YES	1390
15 / 0900	1.18	1987	2344.7	9.4	7.59	50.4	YES	1390
16 / 0900	1.16	1987	2304.9	9.8	7.53	47.9	YES	1390
17 / 0900	1.07	1987	2126.1	10.1	7.51	46.2	YES	1390
18 / 0900	1.16	1987	2304.9	9.8	7.53	47.9	YES	1390
19 / 0900	1.12	1526	1709.1	8.9	7.54	50.9	YES	1810
20 / 0900	1.11	1526	1693.9	9.6	7.65	50.4	YES	1810
21 / 0900	1.19	1526	1815.9	10.1	7.62	48.7	YES	1810
22 / 0900	1.17	1526	1785.4	10.6	7.51	45.2	YES	1810
23 / 0900	1.2	1526	1831.2	10.5	7.49	45.3	YES	1810
24 / 0900	1.19	1424	1694.6	10.4	7.50	45.7	YES	1940
25 / 0900	1.17	1424	1666.1	9.8	7.53	48.0	YES	1940
26 / 0900	1.2	1424	1708.8	9.6	7.51	48.5	YES	1940
27 / 0900	1.12	1424	1594.9	10.0	7.56	47.6	YES	1940
28 / 0900	1.12	1424	1594.9	10.9	7.56	44.8	YES	1940
29 / 0900	1.16	1424	1651.8	12.6	7.51	39.3	YES	1940
30 / 0900	1.16	1424	1651.8	8.9	7.47	49.8	YES	1940
31 / 0900	1.17	1424	1666.1	7.7	7.47	54.1	YES	1940

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	08 NOV 21
SIGNATURE: 	DATE: Nov. 1st, 2021
PHONE #: (541) 298-2248 x5000	CERT #: T-08756