

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Wasco

Conventional or Direct Filtration


Month/Year: Nov-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	0.04	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	0.06	0.05	0.05	0.05	0.05	0.06
8	0.05	0.05	0.05	0.06	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	0.07	0.05	0.05	0.07
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	0.06	0.06
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	0.05	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

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		
All turbidity readings < IFE <sup>2</sup> triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes:

PRINTED NAME: Larry McCollum	
SIGNATURE: 	DATE: Dec 1st, 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 Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP : A

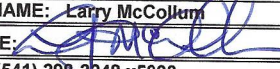
System Name:	City of The Dalles	ID#: 41	-00869	Month/Year:	Nov-21	Disinfection Giardia Log Inactive:	1
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1 / 0900	1.17	1654	1935.2	6.4	7.58	61.4	YES	1670
2 / 0900	1.18	1526	1800.7	8.3	7.43	51.3	YES	1810
3 / 0900	1.19	1424	1694.6	8.2	7.46	52.2	YES	1940
4 / 0900	1.17	1424	1666.1	8.6	7.48	51.1	YES	1940
5 / 0900	1.15	1424	1637.6	8.8	7.55	51.6	YES	1940
6 / 0900	1.21	1805	2184.1	7.3	7.56	57.6	YES	1530
7 / 0900	1.19	1424	1694.6	5.9	7.43	60.3	YES	1940
8 / 0900	1.19	1526	1815.9	6.3	7.44	58.9	YES	1810
9 / 0900	1.13	1424	1609.1	6.9	7.47	56.8	YES	1940
10 / 0900	1.18	1424	1680.3	6.2	7.40	58.4	YES	1940
11 / 0900	1.22	1328	1620.2	8.0	7.39	51.8	YES	2080
12 / 0900	1.16	1328	1540.5	8.7	7.39	49.1	YES	2080
13 / 0900	1.12	1328	1487.4	9.2	7.34	46.4	YES	2080
14 / 0900	1.11	1654	1835.9	9.7	7.38	45.5	YES	1670
15 / 0900	1.07	1244	1331.1	9.5	7.45	47.1	YES	2220
16 / 0900	1.27	1244	1579.9	8.2	7.57	54.8	YES	2220
17 / 0900	1.21	1244	1505.2	5.5	7.44	62.4	YES	2220
18 / 0900	1.31	1244	1629.6	7.3	7.53	57.7	YES	2220
19 / 0900	1.25	1244	1555.0	6.2	7.54	61.9	YES	2220
20 / 0900	1.26	1654	2084.0	5.1	7.36	62.6	YES	1670
21 / 0900	1.18	1424	1680.3	4.4	7.39	65.8	YES	1940
22 / 0900	1.2	1654	1984.8	4.8	7.39	64.2	YES	1670
23 / 0900	1.24	1424	1765.8	5.2	7.50	65.3	YES	1940
24 / 0900	1.17	1424	1666.1	4.7	7.49	66.8	YES	1940
25 / 0900	1.21	1424	1723.0	4.8	7.55	68.1	YES	1940
26 / 0900	1.22	1424	1737.3	6.4	7.46	59.2	YES	1940
27 / 0900	1.11	1654	1835.9	7.2	7.33	52.8	YES	1670
28 / 0900	1.24	1654	2051.0	8.2	7.26	48.9	YES	1670
29 / 0900	1.17	1654	1935.2	8.3	7.36	49.9	YES	1670
30 / 0900	1.11	1424	1580.6	8.5	7.43	50.2	YES	1940

<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: Dec. 1st, 2021
PHONE #: (541) 298-2248 x5000	CERT #: T-08756