

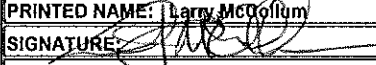
**OHA - Drinking Water Services -Turbidity Monitoring Report Form**  
**Conventional or Direct Filtration**

County: **Wasco**  
 Month/Year: **Dec-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	0.05	0.05	0.05
2	0.05	0.05	0.05	0.05	0.05	0.04	0.05
3	0.05	0.05	0.05	0.05	0.05	0.04	0.05
4	0.05	0.06	0.05	0.05	0.05	0.05	0.06
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	0.05	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	0.04	0.05
14	0.05	0.05	0.05	0.06	0.05	0.05	0.06
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	0.06	0.05	0.05	0.05	0.06
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	0.05	0.05	0.04	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	0.04	0.05
30	0.05	0.05	0.05	0.05	0.05	0.05	0.05
31	0.05	0.05	0.05	0.04	0.04	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 Cl <sub>2</sub> 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: <b>Larry McCallum</b>
	SIGNATURE: 
	DATE: <b>Jan. 3, 2022</b>
	PHONE #: <b>(641) 298-2248 x5000</b>
	CERT #: <b>T-08756</b>

<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

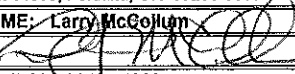
System Name:	City of The Dalles	ID#: 41	-00869	Month/Year:	Dec-21	Disinfection Giardia Log Inactive:	1
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1 / 0900	1.16	1244	1443.0	8.6	7.50	51.4	YES	2220
2 / 0900	1.16	1244	1443.0	8.7	7.68	54.4	YES	2220
3 / 0900	1.27	1244	1579.9	7.6	7.72	60.3	YES	2220
4 / 0900	1.18	1424	1680.3	4.8	7.57	68.3	YES	1940
5 / 0900	1.31	1424	1865.4	6.2	7.65	64.9	YES	1940
6 / 0900	1.26	1654	2084.0	5.2	7.52	65.9	YES	1670
7 / 0900	1.18	1424	1680.3	5.7	7.53	63.3	YES	1940
8 / 0900	1.26	1424	1794.2	6.9	7.57	59.8	YES	1940
9 / 0900	1.16	1424	1651.8	5.3	7.51	64.5	YES	1940
10 / 0900	1.17	1424	1666.1	4.7	7.49	66.8	YES	1940
11 / 0900	1.19	1424	1694.6	5.7	7.55	63.9	YES	1940
12 / 0900	1.16	1424	1651.8	6.1	7.47	60.2	YES	1940
13 / 0900	1.2	1424	1708.8	5.0	7.63	69.1	YES	1940
14 / 0900	1.18	1424	1680.3	3.8	7.62	74.6	YES	1940
15 / 0900	1.22	1424	1737.3	2.8	7.27	70.6	YES	1940
16 / 0900	1.25	1244	1555.0	4.0	7.77	78.3	YES	2220
17 / 0900	1.28	1244	1592.3	5.1	7.86	75.3	YES	2220
18 / 0900	1.23	1244	1530.1	9.8	7.79	53.0	YES	2220
19 / 0900	1.21	1244	1505.2	9.0	7.78	55.6	YES	2220
20 / 0900	1.17	1244	1455.5	7.5	7.80	61.7	YES	2220
21 / 0900	1.23	1424	1751.5	8.4	7.89	60.4	YES	1940
22 / 0900	1.16	1424	1651.8	8.6	7.88	58.9	YES	1940
23 / 0900	1.21	1424	1723.0	8.9	7.80	56.4	YES	1940
24 / 0900	1.22	1654	2017.9	8.9	7.77	55.9	YES	1670
25 / 0900	1.19	1987	2364.5	8.6	7.67	54.8	YES	1390
26 / 0900	1.2	1987	2384.4	8.1	7.60	55.3	YES	1390
27 / 0900	1.19	1654	1968.3	7.3	7.65	59.4	YES	1670
28 / 0900	1.18	1654	1951.7	7.6	7.70	59.2	YES	1670
29 / 0900	1.15	1654	1902.1	7.7	7.81	61.0	YES	1670
30 / 0900	1.18	1654	1951.7	7.5	7.81	62.0	YES	1670
31 / 0900	1.18	1654	1951.7	6.4	7.80	66.6	YES	1670

<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:  
 dvp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

PRINTED NAME: Larry McGoilun	DATE: Jan. 3, 2022
SIGNATURE: 	CERT #: T-08756
PHONE #: (541) 298-2248 x5000	