

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

County: Wasco
 Month/Year: May-22

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	0.06	0.05	0.06	0.05	0.05	0.06
3	0.05	0.05	0.05	0.05	0.05	0.05	0.05
4	0.05	0.05	0.05	0.05	0.07	0.05	0.07
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
8	0.05	0.05	0.05	0.05	0.05	0.05	0.05
9	0.05	0.05	0.05	0.05	0.06	0.05	0.06
10	0.05	0.05	0.05	0.05	0.05	0.05	0.05
11	0.05	0.05	0.05	0.05	0.06	0.06	0.06
12	0.05	0.05	0.05	0.05	0.05	0.05	0.05
13	0.05	0.05	0.06	0.05	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	0.06	0.06	0.05	0.06	0.05	0.05	0.06
17	0.05	0.05	0.06	0.06	0.05	0.05	0.06
18	0.05	0.06	0.05	0.06	0.05	0.05	0.06
19	0.06	0.06	0.06	0.05	0.05	0.06	0.06
20	0.05	0.05	0.06	0.05	0.05	0.05	0.06
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	0.06	0.05	0.05	0.06	0.06
24	0.05	0.05	0.05	0.05	0.06	0.05	0.06
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	0.06	0.05	0.05	0.05	0.05	0.06
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?	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?	Yes / No	Yes / No	Yes / No
All turbidity readings < IFE ² triggers	Yes / No		

Notes: ⊖ = offline during power failure

PRINTED NAME: Larry McCollum
 SIGNATURE: [Signature]
 PHONE #: (541) 298-2248 x5000
 DATE: June 3, 2022
 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:	May-22	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	1.1	1244	1368.4	7.8	7.18	48.0	YES	2220
2 / 0900	1.09	1244	1356.0	8.8	7.35	47.7	YES	2220
3 / 0900	1.19	1105	1315.0	8.4	7.28	48.3	YES	2500
4 / 0900	1.2	994	1192.8	8.3	7.26	48.4	YES	2780
5 / 0900	1.18	994	1172.9	10.6	7.30	42.0	YES	2780
6 / 0900	1.23	994	1222.6	10.8	7.31	41.9	YES	2780
7 / 0900	1.16	994	1153.0	10.0	7.27	43.2	YES	2780
8 / 0900	1.18	1105	1303.9	7.1	7.28	52.7	YES	2500
9 / 0900	1.16	1105	1281.8	7.2	7.31	52.7	YES	2500
10 / 0900	1.23	1105	1359.2	6.9	7.40	56.0	YES	2500
11 / 0900	1.22	903	1101.7	7.4	7.32	52.6	YES	3060
12 / 0900	1.22	903	1101.7	8.5	7.26	47.8	YES	3060
13 / 0900	1.26	903	1137.8	7.2	7.24	52.0	YES	3060
14 / 0900	1.19	1244	1480.4	8.7	7.23	46.5	YES	2220
15 / 0900	1.24	1244	1542.6	10.5	7.26	42.0	YES	2220
16 / 0900	1.15	1244	1430.6	10.5	7.15	40.0	YES	2220
17 / 0900	1.27	946	1201.4	11.2	7.27	40.4	YES	2920
18 / 0900	1.19	946	1125.7	11.5	7.45	41.8	YES	2920
19 / 0900	1.19	946	1125.7	9.4	7.46	48.2	YES	2920
20 / 0900	1.25	946	1182.5	9.0	7.29	46.9	YES	2920
21 / 0900	1.27	946	1201.4	8.6	7.32	48.8	YES	2920
22 / 0900	1.21	946	1144.7	8.9	7.31	47.4	YES	2920
23 / 0900	1.18	866	1021.9	11.2	7.30	40.4	YES	3190
24 / 0900	1.23	866	1065.2	10.5	7.33	43.0	YES	3190
25 / 0900	1.21	796	963.2	11.4	7.27	39.6	YES	3470
26 / 0900	1.18	796	939.3	12.7	7.30	36.2	YES	3470
27 / 0900	1.24	796	987.0	12.8	7.29	36.1	YES	3470
28 / 0900	1.17	796	931.3	11.2	7.24	39.5	YES	3470
29 / 0900	1.16	1170	1357.2	11.1	7.33	41.0	YES	2360
30 / 0900	1.2	1170	1404.0	9.6	7.37	46.1	YES	2360
31 / 0900	1.15	946	1087.9	11.4	7.39	41.0	YES	2920

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	DATE: June 3, 2022
SIGNATURE: 	CERT #: T-08756
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