


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

County: Wasco  
 Month/Year: Jun-22

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	0.05	0.05
3	0.05	0.05	0.05	0.06	0.05	0.05	0.06
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	0.05	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	0.06	0.05	0.05	0.05	0.05	0.05	0.06
11	0.05	0.05	0.05	0.05	0.05	0.05	0.05
12	0.05	0.06	0.05	0.05	0.05	0.05	0.06
13	0.05	0.05	0.05	0.05	0.05	0.05	0.05
14	0.05	0.05	0.06	0.05	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	0.06	0.05	0.05	0.05	0.05	0.06	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	0.05	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	0.06	0.06	0.06	0.05	0.06
28	0.05	0.05	0.05	0.06	0.05	0.05	0.06
29	0.05	0.05	0.05	0.05	0.06	0.06	0.06
30	0.05	0.05	0.05	0.06	0.06	0.06	0.06

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 <sup>2</sup> triggers <input checked="" type="checkbox"/> Yes / No		

Notes:	PRINTED NAME: <u>Larry McCollum</u>
	SIGNATURE:  DATE: <u>July 1, 2022</u>
	PHONE #: <u>(541) 298-2248 x5000</u> CERT #: <u>T-08756</u>

<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

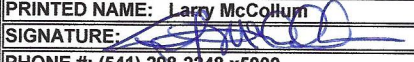
System Name:	City of The Dalles	ID#: 41	-00869	Month/Year:	Jun-22	Disinfection Giardia Log Inactive:	1
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1 / 0900	1.21	829	1003.1	12.1	7.25	37.6	YES	3330
2 / 0900	1.33	737	980.2	13.5	7.30	34.9	YES	3750
3 / 0900	1.28	737	943.4	13.8	7.37	34.9	YES	3750
4 / 0900	1.15	946	1087.9	12.5	7.53	39.8	YES	2920
5 / 0900	1.09	1328	1447.5	12.8	7.43	37.4	YES	2080
6 / 0900	1.06	829	878.7	13.2	7.40	35.9	YES	3330
7 / 0900	1.18	946	1116.3	12.0	7.38	39.4	YES	2920
8 / 0900	1.16	765	887.4	13.5	7.47	36.5	YES	3610
9 / 0900	1.25	765	956.3	13.7	7.37	35.1	YES	3610
10 / 0900	1.18	765	902.7	14.6	7.35	32.5	YES	3610
11 / 0900	1.25	1105	1381.3	14.0	7.36	34.2	YES	2500
12 / 0900	1.16	1105	1281.8	13.7	7.18	32.3	YES	2500
13 / 0900	1.2	866	1039.2	10.9	7.23	40.3	YES	3190
14 / 0900	1.17	994	1163.0	11.5	7.21	38.4	YES	2780
15 / 0900	1.2	765	918.0	11.6	7.47	41.9	YES	3610
16 / 0900	1.16	765	887.4	12.7	7.57	39.9	YES	3610
17 / 0900	1.19	866	1030.5	12.7	7.41	37.8	YES	3190
18 / 0900	1.19	946	1125.7	11.4	7.32	40.2	YES	2920
19 / 0900	1.13	946	1069.0	11.6	7.30	39.2	YES	2920
20 / 0900	1.17	765	895.1	11.5	7.30	39.6	YES	3610
21 / 0900	1.11	710	788.1	12.7	7.42	37.6	YES	3890
22 / 0900	1.23	710	873.3	14.0	7.45	35.3	YES	3890
23 / 0900	1.2	765	918.0	14.1	7.30	33.1	YES	3610
24 / 0900	1.24	765	948.6	13.4	7.39	36.0	YES	3610
25 / 0900	1.11	765	849.2	13.8	7.36	34.1	YES	3610
26 / 0900	1.25	765	956.3	14.7	7.36	32.7	YES	3610
27 / 0900	1.16	765	887.4	15.8	7.34	29.8	YES	3610
28 / 0900	1.19	765	910.4	16.1	7.36	29.6	YES	3610
29 / 0900	1.18	765	902.7	15.0	7.30	31.1	YES	3610
30 / 0900	1.2	765	918.0	15.0	7.25	30.6	YES	3610

<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: July 1, 2022
PHONE #: (541) 298-2248 x5000	CERT #: T-08756