

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

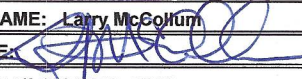
County: Wasco
 Month/Year: Jul-22

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 ¹ [NTU]
1	0.05	0.05	0.05	0.06	0.05	0.06	0.06
2	0.05	0.05	0.06	0.05	0.06	0.05	0.06
3	0.05	0.05	0.05	0.05	0.05	0.05	0.05
4	0.06	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	0.06	0.05	0.05	0.05	0.05	0.06
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	0.04	0.05
15	0.04	0.05	0.04	0.05	0.05	0.04	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	0.05	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	0.04	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	0.04	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	0.04	0.05	0.04	0.05	0.05
27	0.05	0.05	0.05	0.05	0.05	0.04	0.05
28	0.05	0.05	0.05	0.05	0.05	0.04	0.05
29	0.05	0.05	0.05	0.04	0.04	0.05	0.05
30	0.05	0.05	0.05	0.04	0.05	0.05	0.05
31	0.04	0.04	0.05	0.04	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: <u>Larry McGoffum</u>	DATE: <u>August 7, 2022</u>
SIGNATURE: 	CERT #: <u>T-08756</u>
PHONE #: <u>(541) 298-2248 x5000</u>	

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

WTP : A


System Name:	City of The Dalles	ID#: 41	-00869	Month/Year:	Jul-22	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	1.15	765	879.8	15.6	7.45	31.5	YES	3610
2 / 0900	1.2	765	918.0	14.4	7.46	34.4	YES	3610
3 / 0900	1.17	765	895.1	15.0	7.41	32.3	YES	3610
4 / 0900	1.2	765	918.0	14.4	7.37	33.3	YES	3610
5 / 0900	1.21	765	925.7	14.5	7.51	34.8	YES	3610
6 / 0900	1.19	765	910.4	16.1	7.47	30.8	YES	3610
7 / 0900	1.2	765	918.0	15.5	7.35	30.7	YES	3610
8 / 0900	1.23	765	941.0	14.8	7.46	33.6	YES	3610
9 / 0900	1.16	765	887.4	15.3	7.41	31.7	YES	3610
10 / 0900	1.15	765	879.8	15.8	7.45	31.0	YES	3610
11 / 0900	1.21	765	925.7	15.7	7.42	31.1	YES	3610
12 / 0900	1.15	765	879.8	17.5	7.52	28.4	YES	3610
13 / 0900	1.19	1105	1315.0	17.0	7.37	27.9	YES	2500
14 / 0900	1.11	1105	1226.6	15.1	7.42	32.0	YES	2500
15 / 0900	1.13	946	1069.0	15.8	7.38	30.2	YES	2920
16 / 0900	1.13	866	978.6	15.5	7.44	31.5	YES	3190
17 / 0900	1.16	765	887.4	15.5	7.41	31.2	YES	3610
18 / 0900	1.24	765	948.6	14.7	7.31	32.0	YES	3610
19 / 0900	1.23	765	941.0	15.4	7.58	33.8	YES	3610
20 / 0900	1.18	765	902.7	16.4	7.38	29.2	YES	3610
21 / 0900	1.16	765	887.4	16.3	7.36	29.1	YES	3610
22 / 0900	1.17	765	895.1	16.4	7.37	29.0	YES	3610
23 / 0900	1.16	765	887.4	16.0	7.30	29.0	YES	3610
24 / 0900	1.2	829	994.8	15.5	7.42	31.5	YES	3330
25 / 0900	1.18	829	978.2	16.7	7.37	28.5	YES	3330
26 / 0900	1.18	829	978.2	18.1	7.52	27.4	YES	3330
27 / 0900	1.2	829	994.8	18.7	7.39	25.1	YES	3330
28 / 0900	1.21	829	1003.1	18.5	7.42	25.8	YES	3330
29 / 0900	1.16	866	1004.6	19.1	7.42	24.6	YES	3190
30 / 0900	1.19	866	1030.5	18.4	7.44	26.1	YES	3190
31 / 0900	1.19	866	1030.5	18.4	7.48	26.5	YES	3190

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

PRINTED NAME: Larry McCollum	DATE: August 4, 2022
SIGNATURE: 	CERT #: T-08756
PHONE #: (541) 298-2248 x5000	