

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

County: **Wasco**
 Month/Year: **Aug-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	0.04	0.05	0.04	0.05	0.04	0.05	0.05	
2	0.04	0.04	0.00	0.04	0.04	0.05	0.05	
3	0.04	0.05	0.07	0.07	0.05	0.04	0.05	
4	0.04	0.04	0.04	0.04	0.05	0.05	0.05	
5	0.04	0.05	0.05	0.06	0.05	0.05	0.06	
6	0.04	0.05	0.05	0.05	0.05	0.05	0.05	
7	0.05	0.05	0.05	0.05	0.06	0.05	0.06	
8	0.05	0.06	0.05	0.06	0.06	0.05	0.06	
9	0.07	0.06	0.05	0.05	0.06	0.05	0.07	
10	0.06	0.04	0.03	0.04	0.04	0.03	0.06	
11	0.04	0.04	0.04	0.04	0.04	0.04	0.04	
12	0.04	0.04	0.04	0.04	0.04	0.05	0.05	
13	0.05	0.04	0.04	0.04	0.04	0.04	0.05	
14	0.04	0.05	0.04	0.05	0.04	0.05	0.05	
15	0.05	0.04	0.06	0.07	0.05	0.04	0.07	
16	0.05	0.05	0.04	0.04	0.05	0.04	0.05	
17	0.04	0.04	0.04	0.04	0.04	0.05	0.05	
18	0.04	0.05	0.04	0.04	0.04	0.04	0.05	
19	0.04	0.04	0.04	0.04	0.04	0.05	0.05	
20	0.04	0.04	0.04	0.04	0.05	0.04	0.05	
21	0.04	0.04	0.04	0.04	0.04	0.04	0.04	
22	0.04	0.05	0.05	0.05	0.05	0.04	0.05	
23	0.04	0.04	0.04	0.05	0.05	0.05	0.05	
24	0.05	0.05	0.05	0.05	0.05	0.04	0.05	
25	0.04	0.04	0.05	0.05	0.05	0.04	0.05	
26	0.04	0.04	0.05	0.05	0.05	0.04	0.05	
27	0.04	0.05	0.05	0.05	0.05	0.05	0.05	
28	0.05	0.05	0.05	0.04	0.05	0.04	0.05	
29	0.05	0.04	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? <input checked="" type="radio"/> Yes / No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / No		
All turbidity readings < IFE ² triggers <input checked="" type="radio"/> Yes / No		

Notes: \Rightarrow = plant offline

PRINTED NAME: **Larry McCollum**
 SIGNATURE: *[Signature]* DATE: **Sept 6, 2022**
 PHONE #: **(541) 298-2248 x5000** 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: Aug-22	WTP : A
								Disinfection Gardlia Log Inactive:	1

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	946	1087.9	18.3	7.45	26.3	YES	2920
2 / 0900	1.16	946	1097.4	18.1	7.42	26.4	YES	2920
3 / 0900	1.1	946	1040.6	17.2	7.60	29.7	YES	2920
4 / 0900	1.21	946	1144.7	16.7	7.56	30.7	YES	2920
5 / 0900	1.17	946	1106.8	15.0	7.53	33.8	YES	2920
6 / 0900	1.1	946	1040.6	15.3	7.41	31.4	YES	2920
7 / 0900	1.1	994	1093.4	15.4	7.32	30.2	YES	2780
8 / 0900	1.07	994	1063.6	16.3	7.44	29.6	YES	2780
9 / 0900	1.2	994	1192.8	17.7	7.47	27.7	YES	2780
10 / 0900	1.29	994	1282.3	17.7	7.53	28.6	YES	2780
11 / 0900	1.27	994	1262.4	17.0	7.58	30.5	YES	2780
12 / 0900	1.24	994	1232.6	16.9	7.54	30.1	YES	2780
13 / 0900	1.14	994	1133.2	16.1	7.55	31.5	YES	2780
14 / 0900	1.19	994	1182.9	14.7	7.43	33.3	YES	2780
15 / 0900	1.15	994	1143.1	15.2	7.38	31.5	YES	2780
16 / 0900	1.15	994	1143.1	16.0	7.50	31.2	YES	2780
17 / 0900	1.1	994	1093.4	17.1	7.30	26.8	YES	2780
18 / 0900	1.18	994	1172.9	18.5	7.46	26.1	YES	2780
19 / 0900	1.18	994	1172.9	18.2	7.48	26.8	YES	2780
20 / 0900	1.09	994	1083.5	18.3	7.33	24.9	YES	2780
21 / 0900	1.17	994	1163.0	16.6	7.32	28.1	YES	2780
22 / 0900	1.13	994	1123.2	17.4	7.42	27.5	YES	2780
23 / 0900	1.16	994	1153.0	17.8	7.55	28.2	YES	2780
24 / 0900	1.14	994	1133.2	17.9	7.45	26.9	YES	2780
25 / 0900	1.18	994	1172.9	18.2	7.37	25.8	YES	2780
26 / 0900	1.18	994	1172.9	18.4	7.52	26.9	YES	2780
27 / 0900	1.15	994	1143.1	16.9	7.32	27.5	YES	2780
28 / 0900	1.11	994	1103.3	14.1	7.44	34.5	YES	2780
29 / 0900	1.23	994	1222.6	15.1	7.37	31.9	YES	2780
30 / 0900	1.18	994	1172.9	16.0	7.49	31.2	YES	2780
31 / 0900	1.25	994	1242.5	17.2	7.50	29.1	YES	2780

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 McCallum	DATE: Sept. 6 2022
SIGNATURE: 	CERT #: T-08756
PHONE #: (541) 296-2248 x5000	