

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Wasco

Conventional or Direct Filtration

Month/Year: Sep-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	0.04	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	0.05	0.05	0.05	0.05
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	0.06	0.06
8	0.05	0.05	0.05	0.05	0.06	0.06	0.06
9	0.05	0.05	0.05	0.05	0.06	0.06	0.06
10	0.05	0.05	0.05	0.06	0.05	0.05	0.06
11	0.05	0.05	0.05	0.05	0.05	0.05	0.05
12	0.04	0.05	0.05	0.06	0.05	0.05	0.06
13	0.05	0.05	0.05	0.05	0.05	0.05	0.05
14	0.06	0.01	0.06	0.06	0.06	0.05	0.06
15	0.05	0.06	0.06	0.06	0.06	0.06	0.06
16	0.06	0.06	0.06	0.06	0.06	0.06	0.06
17	0.05	0.05	0.06	0.06	0.06	0.06	0.06
18	0.05	0.05	0.06	0.06	0.06	0.06	0.06
19	0.05	0.06	0.06	0.06	0.06	0.06	0.06
20	0.06	0.06	0.06	0.06	0.06	0.05	0.06
21	0.05	0.06	0.06	0.06	0.06	0.05	0.06
22	0.06	0.06	0.06	0.06	0.06	0.06	0.06
23	0.06	0.06	0.07	0.06	0.06	0.06	0.07
24	0.06	0.06	0.06	0.06	0.06	0.05	0.06
25	0.06	0.06	0.06	0.06	0.06	0.05	0.06
26	0.06	0.06	0.05	0.06	0.06	0.06	0.06
27	0.06	0.06	0.06	0.06	0.06	0.05	0.06
28	0.06	0.06	0.06	0.06	0.06	0.06	0.06
29	0.05	0.05	0.05	0.06	0.06	0.06	0.06
30	0.06	0.06	0.06	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="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 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: Larry McCollum
	SIGNATURE:  DATE: 10 Oct 22
	PHONE #: (541) 298-2248 x5000 CERT #: T-08756

<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:	Sep-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	1.1	994	1093.4	17.1	7.54	29.3	YES	2780
2 / 0900	1.19	946	1125.7	16.3	7.48	30.5	YES	2920
3 / 0900	1.16	946	1097.4	16.8	7.47	29.3	YES	2920
4 / 0900	1.16	946	1097.4	15.5	7.35	30.6	YES	2920
5 / 0900	1.21	994	1202.7	15.8	7.31	29.7	YES	2780
6 / 0900	1.14	946	1078.4	15.8	7.35	29.9	YES	2920
7 / 0900	1.15	946	1087.9	16.3	7.33	28.7	YES	2920
8 / 0900	1.16	946	1097.4	15.4	7.42	31.6	YES	2920
9 / 0900	1.15	946	1087.9	14.3	7.25	31.9	YES	2920
10 / 0900	1.19	946	1125.7	13.0	7.47	37.8	YES	2920
11 / 0900	1.21	946	1144.7	13.9	7.48	35.9	YES	2920
12 / 0900	1.16	946	1097.4	16.0	7.32	29.2	YES	2920
13 / 0900	1.14	946	1078.4	15.6	7.29	29.6	YES	2920
14 / 0900	1.13	946	1069.0	15.0	7.41	32.2	YES	2920
15 / 0900	1.24	946	1173.0	14.3	7.50	35.3	YES	2920
16 / 0900	1.22	946	1154.1	14.3	7.53	35.6	YES	2920
17 / 0900	1.2	946	1135.2	13.0	7.33	36.0	YES	2920
18 / 0900	1.13	946	1069.0	14.0	7.31	33.2	YES	2920
19 / 0900	1.08	946	1021.7	13.5	7.42	35.5	YES	2920
20 / 0900	1.21	946	1144.7	14.6	7.35	32.6	YES	2920
21 / 0900	1.19	946	1125.7	13.6	7.49	36.6	YES	2920
22 / 0900	1.2	946	1135.2	14.3	7.35	33.2	YES	2920
23 / 0900	1.19	946	1125.7	13.8	7.50	36.3	YES	2920
24 / 0900	1.2	946	1135.2	12.6	7.34	37.1	YES	2920
25 / 0900	1.2	946	1135.2	12.8	7.51	39.0	YES	2920
26 / 0900	1.18	946	1116.3	14.1	7.48	35.3	YES	2920
27 / 0900	1.2	946	1135.2	14.6	7.39	33.1	YES	2920
28 / 0900	1.17	946	1106.8	15.0	7.40	32.2	YES	2920
29 / 0900	1.23	946	1163.6	14.3	7.40	34.0	YES	2920
30 / 0900	1.13	946	1069.0	14.0	7.58	36.6	YES	2920

<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	DATE: 10 Oct 22
SIGNATURE: 	CERT #: T-08756
PHONE #: (541) 298-2248 x5000	