

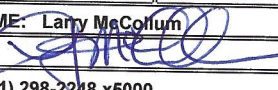
OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Wasco

Conventional or Direct Filtration

Month/Year: Oct-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	0.06	0.06	0.06	
2	0.06	0.06	0.06	0.06	0.06	0.06	0.06	
3	0.06	0.05	0.07	0.06	0.06	0.05	0.07	
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	0.06	0.06	0.06	0.06	
7	0.05	0.05	0.05	0.06	0.05	0.05	0.06	
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	0.06	0.05	0.05	0.05	0.06	
11	0.05	0.05	0.05	0.06	0.05	0.05	0.06	
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	0.05	0.05	0.05	0.05	0.05	
15	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
16	0.05	0.05	0.05	0.05	0.06	0.05	0.06	
17	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
18	0.05	0.05	0.06	0.05	0.05	0.05	0.06	
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	0.04	0.05	0.05	0.05	0.05	0.05	0.05	
27	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
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	0.06	0.05	0.05	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)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="checkbox"/> Yes / No	<input checked="" type="checkbox"/> Yes / No	<input checked="" type="checkbox"/> Yes / No
All turbidity readings < IFE ² triggers	<input checked="" type="checkbox"/> Yes / No		
Notes:		PRINTED NAME: Lary McCallum	
		SIGNATURE: 	DATE: Nov 2, 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

WTP : A

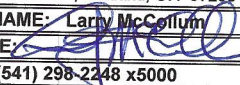
System Name:	City of The Dalles	ID#: 41	-00869	Month/Year:	Oct-22	Disinfection Giardia Log Inactive:	1
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1 / 0900	1.21	946	1144.7	14.0	7.34	33.8	YES	2920
2 / 0900	1.16	1105	1281.8	14.3	7.38	33.5	YES	2500
3 / 0900	1.22	946	1154.1	13.9	7.41	35.0	YES	2920
4 / 0900	1.24	946	1173.0	14.6	7.37	33.0	YES	2920
5 / 0900	1.23	946	1163.6	14.4	7.37	33.4	YES	2920
6 / 0900	1.24	946	1173.0	14.3	7.56	36.1	YES	2920
7 / 0900	1.22	1105	1348.1	14.3	7.70	37.9	YES	2500
8 / 0900	1.2	1105	1326.0	13.7	7.67	38.9	YES	2500
9 / 0900	1.23	1105	1359.2	13.5	7.66	39.4	YES	2500
10 / 0900	1.2	1046	1255.2	13.6	7.68	39.3	YES	2640
11 / 0900	1.17	1046	1223.8	13.8	7.63	38.0	YES	2640
12 / 0900	1.2	1046	1255.2	12.6	7.66	41.7	YES	2640
13 / 0900	1.22	1046	1276.1	12.6	7.63	41.4	YES	2640
14 / 0900	1.21	1046	1265.7	12.3	7.62	42.2	YES	2640
15 / 0900	1.21	1046	1265.7	12.0	7.71	44.4	YES	2640
16 / 0900	1.17	1046	1223.8	12.4	7.63	41.9	YES	2640
17 / 0900	1.2	1046	1255.2	11.9	7.70	44.5	YES	2640
18 / 0900	1.2	1046	1255.2	11.6	7.59	43.7	YES	2640
19 / 0900	1.21	1046	1265.7	11.4	7.65	45.2	YES	2640
20 / 0900	1.31	1046	1370.3	11.3	7.64	45.9	YES	2640
21 / 0900	1.25	1046	1307.5	12.6	7.58	40.7	YES	2640
22 / 0900	1.19	1424	1694.6	10.6	7.31	42.2	YES	1940
23 / 0900	1.2	1424	1708.8	8.8	7.64	53.6	YES	1940
24 / 0900	1.2	1244	1492.8	9.2	7.56	50.7	YES	2220
25 / 0900	1.26	1244	1567.4	9.5	7.56	50.0	YES	2220
26 / 0900	1.15	1244	1430.6	9.5	7.52	48.7	YES	2220
27 / 0900	1.27	1244	1579.9	9.0	7.58	52.1	YES	2220
28 / 0900	1.2	1244	1492.8	9.3	7.56	50.3	YES	2220
29 / 0900	1.19	1424	1694.6	10.1	7.50	46.7	YES	1940
30 / 0900	1.24	1424	1765.8	10.4	7.48	45.7	YES	1940
31 / 0900	1.17	1424	1666.1	10.3	7.56	46.9	YES	1940

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 McCallum	DATE: Nov 2, 2022
SIGNATURE: 	CERT #: T-08756
PHONE #: (541) 298-2248 x5000	