

OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Wasco

Month/Year: Nov-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	0.04	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	0.06	0.06	
4	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
5	0.06	0.05	0.06	0.06	0.05	0.05	0.06	
6	0.05	0.05	0.05	0.05	0.06	0.05	0.06	
7	0.05	0.05	0.05	0.06	0.05	0.06	0.06	
8	0.05	0.05	0.05	0.06	0.05	0.06	0.06	
9	0.05	0.05	0.06	0.06	0.05	0.06	0.06	
10	0.05	0.05	0.06	0.06	0.05	0.06	0.06	
11	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
12	0.05	0.05	0.05	0.06	0.06	0.05	0.06	
13	0.05	0.05	0.05	0.06	0.05	0.05	0.06	
14	0.05	0.05	0.05	0.06	0.05	0.06	0.06	
15	0.05	0.05	0.05	0.05	0.06	0.05	0.06	
16	0.05	0.05	0.05	0.05	0.06	0.05	0.06	
17	0.06	0.05	0.05	0.05	0.06	0.06	0.06	
18	0.05	0.05	0.05	0.05	0.06	0.06	0.06	
19	0.05	0.06	0.05	0.05	0.06	0.05	0.06	
20	0.05	0.06	0.05	0.06	0.06	0.05	0.06	
21	0.05	0.05	0.06	0.05	0.06	0.06	0.06	
22	0.05	0.05	0.05	0.06	0.06	0.06	0.06	
23	0.06	0.06	0.06	0.06	0.06	0.05	0.06	
24	0.05	0.05	0.05	0.06	0.05	0.05	0.06	
25	0.05	0.06	0.06	0.06	0.06	0.06	0.06	
26	0.05	0.06	0.06	0.06	0.06	0.05	0.06	
27	0.06	0.06	0.05	0.05	0.05	0.05	0.06	
28	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
29	0.06	0.05	0.05	0.05	0.05	0.05	0.06	
30	0.05	0.05	0.05	0.05	0.06	0.05	0.06	

Conventional or Direct Filtration

95% of 4-hour turbidity readings ≤ 0.3 NTU?

Yes / No

All 4-hour turbidity readings ≤ 1 NTU?

Yes / No

All turbidity readings < IFE<sup>2</sup> triggers

Yes / No

CT's met everyday?  
(see back)

Yes / No

All Cl<sub>2</sub> residual at entry point  
≥ 0.2 mg/l?

Yes / No

Notes:

PRINTED NAME: Larry McCollum

SIGNATURE: 

DATE: 06 DEC 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


System Name:	City of The Dalles	ID#: 41	-00869	Month/Year:	Nov-22	WTP : A	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	1.14	1424	1623.4	10.6	7.60	46.5	YES	1940
2 / 0900	1.19	1328	1580.3	8.5	7.54	52.7	YES	2080
3 / 0900	1.22	1328	1620.2	7.0	7.66	61.1	YES	2080
4 / 0900	1.2	1328	1593.6	7.5	7.56	56.8	YES	2080
5 / 0900	1.14	1328	1513.9	9.5	7.41	46.8	YES	2080
6 / 0900	1.14	1328	1513.9	6.8	7.60	60.0	YES	2080
7 / 0900	1.2	1244	1492.8	6.5	7.45	58.4	YES	2220
8 / 0900	1.23	1244	1530.1	6.7	7.52	59.3	YES	2220
9 / 0900	1.12	1244	1393.3	5.8	7.52	62.2	YES	2220
10 / 0900	1.26	1654	2084.0	5.3	7.51	65.2	YES	1670
11 / 0900	1.24	1654	2051.0	5.1	7.56	67.2	YES	1670
12 / 0900	1.22	1654	2017.9	5.0	7.42	64.1	YES	1670
13 / 0900	1.2	1654	1984.8	4.2	7.59	71.9	YES	1670
14 / 0900	1.21	1328	1606.9	3.3	7.39	71.2	YES	2080
15 / 0900	1.17	1328	1553.8	4.3	7.43	67.1	YES	2080
16 / 0900	1.22	1654	2017.9	3.8	7.36	68.1	YES	1670
17 / 0900	1.31	1424	1865.4	3.4	7.50	74.5	YES	1940
18 / 0900	1.29	1424	1837.0	2.6	7.62	82.1	YES	1940
19 / 0900	1.26	1654	2084.0	1.0	7.45	85.8	YES	1670
20 / 0900	1.18	1654	1951.7	0.8	7.42	85.2	YES	1670
21 / 0900	1.2	1654	1984.8	2.0	7.51	81.3	YES	1670
22 / 0900	1.2	1424	1708.8	2.3	7.57	81.4	YES	1940
23 / 0900	1.14	1424	1623.4	3.0	7.53	75.9	YES	1940
24 / 0900	1.2	1424	1708.8	4.3	7.47	68.4	YES	1940
25 / 0900	1.16	2210	2563.6	4.4	7.53	69.1	YES	1250
26 / 0900	1.21	2210	2674.1	4.2	7.43	67.9	YES	1250
27 / 0900	1.15	1654	1902.1	4.5	7.60	70.3	YES	1670
28 / 0900	1.18	1654	1951.7	4.3	7.35	65.3	YES	1670
29 / 0900	1.21	1654	2001.3	3.3	7.58	76.3	YES	1670
30 / 0900	1.24	1424	1765.8	2.6	7.57	80.1	YES	1940

<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: 06 DEC 22
SIGNATURE: 	CERT #: T-08756
PHONE #: (541) 298-2248 x5000	