

OHA - Drinking Water Services -Turbidity Monitoring Report Form

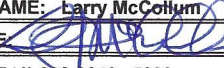
County: Wasco

Conventional or Direct Filtration

Month/Year: Jan-23

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	0.07	0.08	0.06	0.06	0.06	0.06	0.08	
2	0.06	0.06	0.05	0.06	0.06	0.06	0.06	
3	0.06	0.06	0.06	0.07	0.06	0.06	0.07	
4	0.06	0.06	0.06	0.07	0.06	0.06	0.07	
5	0.06	0.06	0.06	0.06	0.06	0.06	0.06	
6	0.06	0.06	0.06	0.06	0.06	0.06	0.06	
7	0.05	0.06	0.05	0.06	0.06	0.06	0.06	
8	0.06	0.06	0.06	0.06	0.06	0.06	0.06	
9	0.06	0.06	0.06	0.06	0.06	0.06	0.06	
10	0.06	0.06	0.06	0.06	0.06	0.06	0.06	
11	0.06	0.06	0.07	0.06	0.06	0.06	0.07	
12	0.06	0.05	0.06	0.05	0.06	0.06	0.06	
13	0.05	0.06	0.06	0.06	0.06	0.06	0.06	
14	0.06	0.06	0.06	0.06	0.06	0.06	0.06	
15	0.06	0.06	0.06	0.06	0.06	0.06	0.06	
16	0.06	0.06	0.06	0.06	0.07	0.06	0.07	
17	0.06	0.06	0.06	0.07	0.06	0.06	0.07	
18	0.06	0.06	0.06	0.06	0.06	0.06	0.06	
19	0.06	0.05	0.06	0.06	0.06	0.06	0.06	
20	0.06	0.06	0.06	0.06	0.06	0.06	0.06	
21	0.06	0.06	0.05	0.06	0.06	0.07	0.07	
22	0.06	0.06	0.06	0.06	0.07	0.06	0.07	
23	0.06	0.06	0.05	0.06	0.05	0.05	0.06	
24	0.06	0.07	0.06	0.06	0.05	0.04	0.07	
25	0.05	0.07	0.05	0.05	0.05	0.06	0.07	
26	0.05	0.05	0.05	0.05	0.05	0.04	0.05	
27	0.04	0.05	0.04	0.05	0.05	0.05	0.05	
28	0.05	0.04	0.04	0.05	0.04	0.04	0.05	
29	0.04	0.04	0.05	0.05	0.05	0.04	0.05	
30	0.05	0.04	0.05	0.05	0.05	0.05	0.05	
31	0.04	0.04	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)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / No	<input checked="" type="radio"/> Yes / No	<input checked="" type="radio"/> Yes / No
All turbidity readings < IFE ² triggers	<input checked="" type="radio"/> Yes / No		

Notes:	PRINTED NAME: Larry McCollum
	SIGNATURE: 
	PHONE #: (541) 298-2248 x5000
	DATE: 08 Feb 23
	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
Disinfection Giardia Log Inactive:
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System Name:	City of The Dalles	ID#: 41	-00869	Month/Year:	Jan-23
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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	1.22	1654	2017.9	3.9	7.66	75.5	YES	1670
2 / 0900	1.19	1654	1968.3	3.4	7.42	71.3	YES	1670
3 / 0900	1.25	1424	1780.0	3.8	7.34	67.9	YES	1940
4 / 0900	1.2	1424	1708.8	3.8	7.39	68.7	YES	1940
5 / 0900	1.17	1424	1666.1	3.9	7.57	72.6	YES	1940
6 / 0900	1.18	1424	1680.3	3.7	7.39	69.0	YES	1940
7 / 0900	1.25	1424	1780.0	4.1	7.36	67.0	YES	1940
8 / 0900	1.19	1424	1694.6	4.7	7.33	63.1	YES	1940
9 / 0900	1.13	1424	1609.1	5.8	7.69	66.3	YES	1940
10 / 0900	1.11	1424	1580.6	5.0	7.58	67.1	YES	1940
11 / 0900	1.1	1424	1566.4	4.6	7.35	63.4	YES	1940
12 / 0900	1.1	1424	1566.4	4.7	7.28	61.4	YES	1940
13 / 0900	1.1	1654	1819.4	5.1	7.57	66.3	YES	1670
14 / 0900	1.05	1654	1736.7	4.9	7.27	60.0	YES	1670
15 / 0900	1.04	1654	1720.2	5.2	7.21	57.4	YES	1670
16 / 0900	1.03	1424	1466.7	4.7	7.28	60.9	YES	1940
17 / 0900	1.08	1424	1537.9	4.7	7.46	65.3	YES	1940
18 / 0900	1.06	1424	1509.4	4.9	7.29	60.5	YES	1940
19 / 0900	1.17	1424	1666.1	4.2	7.45	68.1	YES	1940
20 / 0900	1.16	1424	1651.8	2.9	7.46	74.6	YES	1940
21 / 0900	1.21	1654	2001.3	2.4	7.37	75.2	YES	1670
22 / 0900	1.18	1424	1680.3	3.2	7.35	70.4	YES	1940
23 / 0900	1.18	1424	1680.3	2.9	7.21	68.3	YES	1940
24 / 0900	1.16	1424	1651.8	3.7	7.48	71.1	YES	1940
25 / 0900	1.14	1424	1623.4	4.2	7.63	72.5	YES	1940
26 / 0900	1.08	1244	1343.5	3.6	7.71	77.2	YES	2220
27 / 0900	1.03	1244	1281.3	5.5	7.67	66.4	YES	2220
28 / 0900	1	1654	1654.0	4.1	7.64	72.0	YES	1670
29 / 0900	0.98	1654	1620.9	1.6	7.69	87.0	YES	1670
30 / 0900	1.04	1424	1481.0	4.5	7.66	70.9	YES	1940
31 / 0900	0.99	1424	1409.8	3.2	7.67	77.4	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 McCollum	DATE: 08 Feb 23
SIGNATURE: 	CERT #: T-08756
PHONE #: (541) 298-2248 x5000	