

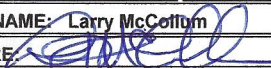
**OHA - Drinking Water Services -Turbidity Monitoring Report Form**  
**Conventional or Direct Filtration**

County: **Wasco**  
 Month/Year: **Feb-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 <sup>1</sup> [NTU]
1	0.04	0.04	0.05	0.05	0.05	0.05	0.05
2	0.05	0.05	0.05	0.05	0.06	0.06	0.06
3	0.05	0.05	0.05	0.07	0.07	0.07	0.07
4	0.06	0.06	0.05	0.06	0.07	0.08	0.08
5	0.06	0.06	0.07	0.07	0.07	0.07	0.07
6	0.07	0.07	0.06	0.06	0.06	0.06	0.07
7	0.05	0.06	0.06	0.06	0.06	0.06	0.06
8	0.06	0.06	0.06	0.06	0.06	0.06	0.06
9	0.07	0.06	0.07	0.06	0.07	0.06	0.07
10	0.06	0.07	0.06	0.05	0.06	0.05	0.07
11	0.05	0.05	0.06	0.06	0.05	0.05	0.06
12	0.06	0.05	0.06	0.05	0.06	0.06	0.06
13	0.05	0.06	0.05	0.05	0.05	0.06	0.06
14	0.05	0.05	0.06	0.05	0.06	0.06	0.06
15	0.06	0.06	0.08	0.06	0.06	0.06	0.08
16	0.06	0.06	0.06	0.06	0.06	0.05	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	0.05	0.06
19	0.06	0.06	0.05	0.06	0.06	0.05	0.06
20	0.05	0.06	0.06	0.06	0.05	0.05	0.06
21	0.05	0.06	0.06	0.05	0.06	0.05	0.06
22	0.05	0.05	0.06	0.05	0.05	0.05	0.06
23	0.05	0.05	0.05	0.05	0.05	0.06	0.06
24	0.05	0.05	0.05	0.05	0.05	0.06	0.06
25	0.05	0.05	0.05	0.06	0.06	0.05	0.06
26	0.05	0.05	0.06	0.06	0.06	0.05	0.06
27	0.05	0.05	0.06	0.06	0.06	0.06	0.06
28	0.06	0.05	0.05	0.05	0.05	0.05	0.06

<p align="center"><b>Conventional or Direct Filtration</b></p> <p>95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / No</p> <p>All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / No</p> <p>All turbidity readings &lt; IFE<sup>2</sup> triggers <input checked="" type="radio"/> Yes / No</p>	<p align="center"><b>Monthly Summary (Answer Yes or No)</b></p> <p>CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No</p> <p>All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No</p>
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Notes:	PRINTED NAME: <b>Larry McCollum</b>	
	SIGNATURE: 	DATE: <b>03 Mar 23</b>
	PHONE #: <b>(541) 298-2248 x5000</b>	CERT #: <b>T-08756</b>

<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
Disinfection Giardia Log Inactive:
1


System Name:	City of The Dalles	ID#: 41	-00869	Month/Year:	Feb-23
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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	1.12	1424	1594.9	3.9	7.53	71.1	YES	1940
2 / 0900	1.07	1424	1523.7	4.1	7.58	71.0	YES	1940
3 / 0900	1.11	1424	1580.6	5.3	7.60	66.2	YES	1940
4 / 0900	1.09	1424	1552.2	6.5	7.54	59.6	YES	1940
5 / 0900	1.18	1654	1951.7	4.6	7.45	66.3	YES	1670
6 / 0900	1.11	1424	1580.6	4.2	7.58	70.9	YES	1940
7 / 0900	1.14	1424	1623.4	4.3	7.63	72.0	YES	1940
8 / 0900	1.08	1424	1537.9	4.8	7.28	60.8	YES	1940
9 / 0900	1.09	1244	1356.0	4.2	7.48	68.2	YES	2220
10 / 0900	1.12	1244	1393.3	3.5	7.62	75.6	YES	2220
11 / 0900	1.16	1424	1651.8	4.1	7.28	64.4	YES	1940
12 / 0900	1.11	1654	1835.9	3.7	7.54	72.3	YES	1670
13 / 0900	1.1	1654	1819.4	5.1	7.51	64.9	YES	1670
14 / 0900	1.17	1424	1666.1	3.8	7.39	68.5	YES	1940
15 / 0900	1.18	1328	1567.0	2.4	7.31	73.3	YES	2080
16 / 0900	1.19	1328	1580.3	2.5	7.50	78.1	YES	2080
17 / 0900	1.14	1328	1513.9	3.4	7.53	73.8	YES	2080
18 / 0900	1.18	1328	1567.0	4.5	7.29	63.0	YES	2080
19 / 0900	1.19	1424	1694.6	4.7	7.48	66.7	YES	1940
20 / 0900	1.24	1654	2051.0	5.4	7.22	58.2	YES	1670
21 / 0900	1.13	1328	1500.6	6.3	7.30	55.6	YES	2080
22 / 0900	1.14	1328	1513.9	3.6	7.49	71.7	YES	2080
23 / 0900	1.13	1328	1500.6	3.9	7.52	71.0	YES	2080
24 / 0900	1.12	1328	1487.4	4.1	7.57	71.2	YES	2080
25 / 0900	1.16	1654	1918.6	4.5	7.72	73.5	YES	1670
26 / 0900	1.1	1654	1819.4	3.3	7.70	78.7	YES	1670
27 / 0900	1.09	1424	1552.2	4.5	7.64	70.8	YES	1940
28 / 0900	1.14	1244	1418.2	5.2	7.68	68.9	YES	2220

<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: 03 Mar 23
SIGNATURE: 	CERT #: T-08756
PHONE #: (541) 298-2248 x5000	