

OHA - Drinking Water Services -Turbidity Monitoring Report Form

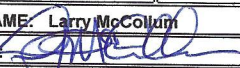
County: Wasco

Conventional or Direct Filtration

Month/Year: Mar-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	0.05	0.05	0.06	0.06	0.05	0.05	0.06
2	0.05	0.06	0.06	0.05	0.05	0.05	0.06
3	0.05	0.05	0.06	0.06	0.06	0.06	0.06
4	0.06	0.06	0.06	0.06	0.06	0.06	0.06
5	0.06	0.06	0.06	0.06	0.06	0.06	0.06
6	0.06	0.06	0.07	0.07	0.06	0.06	0.07
7	0.07	0.07	0.06	0.06	0.06	0.07	0.07
8	0.06	0.07	0.07	0.07	0.07	0.06	0.07
9	0.06	0.07	0.08	0.09	0.07	0.07	0.09
10	0.06	0.08	0.08	0.10	0.07	0.06	0.10
11	0.07	0.07	0.07	0.07	0.07	0.07	0.07
12	0.07	0.07	0.06	0.06	0.06	0.06	0.07
13	0.05	0.06	0.08	0.07	0.06	0.06	0.08
14	0.05	0.06	0.08	0.07	0.06	0.06	0.08
15	0.06	0.06	0.07	0.07	0.06	0.06	0.07
16	0.06	0.06	0.07	0.08	0.06	0.06	0.08
17	0.07	0.06	0.06	0.07	0.06	0.05	0.07
18	0.05	0.06	0.05	0.06	0.05	0.05	0.06
19	0.05	0.06	0.05	0.06	0.05	0.06	0.06
20	0.06	0.07	0.06	0.05	0.06	0.06	0.07
21	0.06	0.06	0.06	0.06	0.06	0.06	0.06
22	0.06	0.05	0.06	0.06	0.06	0.06	0.06
23	0.06	0.06	0.06	0.06	0.06	0.06	0.06
24	0.05	0.06	0.05	0.06	0.06	0.06	0.06
25	0.06	0.06	0.05	0.06	0.06	0.07	0.07
26	0.06	0.05	0.05	0.06	0.06	0.06	0.06
27	0.05	0.06	0.06	0.06	0.05	0.06	0.06
28	0.06	0.06	0.06	0.06	0.06	0.06	0.06
29	0.06	0.06	0.05	0.06	0.06	0.05	0.06
30	0.06	0.06	0.05	0.60	0.60	0.06	0.60
31	0.06	0.06	0.06	0.05	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="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 ² triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes:	PRINTED NAME: Larry McCollum
	SIGNATURE: 
	DATE: 10 APR 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 Eff. (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: Mar-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	1.1	1244	1368.4	5.0	7.50	65.1	YES	2220
2 / 0900	1.1	1244	1368.4	6.1	7.48	60.0	YES	2220
3 / 0900	1.06	1244	1318.6	6.1	7.73	65.4	YES	2220
4 / 0900	1.23	1244	1530.1	6.1	7.55	62.5	YES	2220
5 / 0900	1.13	1526	1724.4	5.7	7.53	63.0	YES	1810
6 / 0900	1.1	1526	1678.6	2.5	7.42	75.1	YES	1810
7 / 0900	1.12	1424	1594.9	3.2	7.54	74.9	YES	1940
8 / 0900	1.13	1828	2065.6	4.5	7.26	62.0	YES	2080
9 / 0900	1.13	1244	1405.7	3.6	7.44	70.3	YES	2220
10 / 0900	1.1	1244	1368.4	3.3	7.37	69.8	YES	2220
11 / 0900	1.13	1244	1405.7	3.2	7.49	73.6	YES	2220
12 / 0900	1.1	1244	1368.4	3.3	7.45	71.8	YES	2220
13 / 0900	1.13	1244	1405.7	4.7	7.38	63.8	YES	2220
14 / 0900	1.03	1244	1281.3	4.1	7.39	66.0	YES	2220
15 / 0900	1.11	1170	1298.7	4.3	7.40	65.9	YES	2360
16 / 0900	0.98	1170	1146.6	3.6	7.38	67.6	YES	2360
17 / 0900	1.02	1170	1193.4	4.0	7.46	68.1	YES	2360
18 / 0900	1.08	1170	1263.6	4.9	7.48	64.9	YES	2360
19 / 0900	1.11	1170	1298.7	5.3	7.35	60.5	YES	2360
20 / 0900	1.04	1170	1216.8	9.4	7.36	45.7	YES	2360
21 / 0900	1.01	1244	1256.4	4.8	7.26	59.9	YES	2220
22 / 0900	1.05	1244	1306.2	5.4	7.35	59.7	YES	2220
23 / 0900	1.11	1244	1380.8	5.8	7.23	56.0	YES	2220
24 / 0900	1.1	1244	1368.4	4.2	7.39	66.1	YES	2220
25 / 0900	1.07	1244	1331.1	3.5	7.39	69.1	YES	2220
26 / 0900	1.03	1424	1466.7	4.0	7.42	67.2	YES	1940
27 / 0900	1.06	1328	1407.7	3.6	7.57	73.2	YES	2080
28 / 0900	1.06	1328	1407.7	5.7	7.50	61.8	YES	2080
29 / 0900	1.04	1328	1381.1	4.7	7.35	62.5	YES	2080
30 / 0900	1.02	1328	1354.6	4.9	7.30	60.4	YES	2080
31 / 0900	1.06	1328	1407.7	4.9	7.42	63.4	YES	2080

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:
 dwc.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

PRINTED NAME: Larry McCollum	DATE: 10 APR 23
SIGNATURE: 	CERT #: T-08756
PHONE #: (541) 298-2248 x5000	