

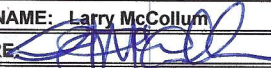
OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Wasco
 Month/Year: May-23

Conventional or Direct Filtration

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	0.06	0.06	0.06	0.06	0.07	0.07	0.07
2	0.05	0.06	0.05	0.07	0.07	0.06	0.07
3	0.06	0.07	0.06	0.06	0.06	0.06	0.07
4	0.07	0.06	0.06	0.06	0.06	0.05	0.07
5	0.06	0.06	0.05	0.05	0.05	0.06	0.06
6	0.06	0.05	0.05	0.06	0.06	0.05	0.06
7	0.05	0.05	0.05	0.05	0.06	0.05	0.06
8	0.05	0.05	0.05	0.06	0.07	0.06	0.07
9	0.06	0.06	0.05	0.05	0.06	0.05	0.06
10	0.05	0.05	0.05	0.05	0.06	0.05	0.06
11	0.06	0.05	0.05	0.06	0.06	0.07	0.07
12	0.06	0.05	0.06	0.05	0.06	0.06	0.06
13	0.05	0.05	0.05	0.05	0.06	0.06	0.06
14	0.05	0.05	0.06	0.06	0.06	0.06	0.06
15	0.06	0.05	0.06	0.05	0.06	0.06	0.06
16	0.06	0.06	0.06	0.06	0.07	0.05	0.07
17	0.05	0.05	0.06	0.06	0.05	0.05	0.06
18	0.05	0.06	0.06	0.05	0.06	0.05	0.06
19	0.05	0.05	0.05	0.05	0.05	0.05	0.05
20	0.06	0.06	0.05	0.05	0.05	0.04	0.06
21	0.04	0.05	0.05	0.04	0.05	0.04	0.05
22	0.05	0.05	0.05	0.05	0.04	0.05	0.05
23	0.04	0.04	0.04	0.04	0.05	0.05	0.05
24	0.05	0.05	0.04	0.05	0.05	0.06	0.06
25	0.05	0.05	0.05	0.05	0.05	0.05	0.05
26	0.04	0.04	0.05	0.05	0.05	0.05	0.05
27	0.04	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	0.06	0.04	0.04	0.05	0.04	0.06
31	0.04	0.04	0.05	0.05	0.05	0.04	0.05

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? Yes / No	CT's met everyday? (see back) Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l? Yes / No
All 4-hour turbidity readings ≤ 1 NTU? Yes / No		
All turbidity readings < IFE ² triggers Yes / No		
Notes:	PRINTED NAME: Larry McCollum	
	SIGNATURE: 	DATE: 08 Jun 23
	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:	May-23	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	1.17	946	1106.8	8.6	7.63	53.9	YES	2920
2 / 0900	1.2	946	1135.2	7.5	7.46	54.8	YES	2920
3 / 0900	1.12	946	1059.5	8.3	7.40	50.4	YES	2920
4 / 0900	1.08	946	1021.7	9.8	7.38	45.1	YES	2920
5 / 0900	1.2	946	1135.2	12.0	7.39	39.7	YES	2920
6 / 0900	1.19	1105	1315.0	8.5	7.49	51.7	YES	2500
7 / 0900	1.17	1105	1292.9	8.9	7.46	49.7	YES	2500
8 / 0900	1.19	994	1182.9	8.6	7.47	51.0	YES	2780
9 / 0900	1.09	944	1029.0	8.7	7.51	50.8	YES	2780
10 / 0900	1.1	866	952.6	9.0	7.50	49.7	YES	3190
11 / 0900	1.19	866	1030.5	9.3	7.45	48.3	YES	3190
12 / 0900	1.13	866	978.6	9.7	7.48	47.3	YES	3190
13 / 0900	1.14	866	987.2	10.5	7.62	47.1	YES	3190
14 / 0900	1.12	866	969.9	11.2	7.58	44.3	YES	3190
15 / 0900	1.2	866	1039.2	13.4	7.62	39.0	YES	3190
16 / 0900	1.09	866	943.9	14.7	7.33	31.7	YES	3190
17 / 0900	1.06	866	918.0	14.0	7.54	35.8	YES	3190
18 / 0900	1.08	866	935.3	14.4	7.52	34.7	YES	3190
19 / 0900	1.04	866	900.6	17.6	7.62	29.0	YES	3190
20 / 0900	1.09	866	943.9	16.0	7.62	32.4	YES	3190
21 / 0900	1.01	866	874.7	16.4	7.56	30.6	YES	3190
22 / 0900	1.12	866	969.9	12.8	7.67	41.0	YES	3190
23 / 0900	1.22	866	1056.5	10.8	7.63	46.8	YES	3190
24 / 0900	1.06	866	918.0	11.0	7.63	45.3	YES	3190
25 / 0900	1.08	866	935.3	12.6	7.63	40.7	YES	3190
26 / 0900	0.97	866	840.0	13.6	7.55	36.5	YES	3190
27 / 0900	1.05	866	909.3	13.7	7.65	38.0	YES	3190
28 / 0900	1.09	866	943.9	13.3	7.61	38.6	YES	3190
29 / 0900	1.02	866	883.3	13.0	7.62	39.2	YES	3190
30 / 0900	1.19	866	1030.5	13.6	7.60	38.2	YES	3190
31 / 0900	1.05	866	909.3	12.6	7.65	40.9	YES	3190

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

PRINTED NAME: Larry McCollum	DATE: 08 Jun 23
SIGNATURE: 	CERT #: T-08756
PHONE #: (541) 298-2248 x5000	