

OHA - Drinking Water Services -Turbidity Monitoring Report Form

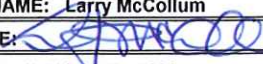
Conventional or Direct Filtration

County: Wasco

Month/Year: Jun-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	0.04	0.06	0.05	0.05	0.05	0.05	0.06	
2	0.05	0.05	0.05	0.05	0.05	0.04	0.05	
3	0.05	0.05	0.05	0.04	0.05	0.05	0.05	
4	0.05	0.06	0.05	0.05	0.05	0.05	0.06	
5	0.05	0.05	0.05	0.05	0.05	0.06	0.06	
6	0.05	0.05	0.04	0.05	0.06	0.05	0.06	
7	0.04	0.04	0.05	0.05	0.04	0.04	0.05	
8	0.05	0.06	0.05	0.05	0.05	0.05	0.06	
9	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
10	0.05	0.05	0.04	0.05	0.05	0.05	0.05	
11	0.04	0.05	0.04	0.05	0.05	0.05	0.05	
12	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
13	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
14	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
15	0.05	0.05	0.05	0.05	0.06	0.05	0.06	
16	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
17	0.06	0.05	0.05	0.05	0.05	0.05	0.06	
18	0.06	0.05	0.05	0.05	0.05	0.05	0.06	
19	0.05	0.05	0.07	0.06	0.06	0.05	0.07	
20	0.06	0.05	0.05	0.05	0.05	0.05	0.06	
21	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
22	0.05	0.05	0.05	0.07	0.05	0.06	0.07	
23	0.05	0.05	0.05	0.09	0.08	0.06	0.09	
24	0.06	0.06	0.05	0.06	0.06	0.05	0.06	
25	0.06	0.06	0.06	0.05	0.06	0.05	0.06	
26	0.05	0.05	0.05	0.05	0.06	0.05	0.06	
27	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
28	0.05	0.05	0.05	0.05	0.06	0.05	0.06	
29	0.06	0.06	0.06	0.06	0.06	0.06	0.06	
30	0.05	0.05	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?	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?	Yes / No	Yes / No	Yes / No
All turbidity readings < IFE ² triggers	Yes / No		

Notes:	PRINTED NAME: Larry McCollum
	SIGNATURE:  DATE: 05 Jul 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
Disinfection Giardia Log Inactive:
1

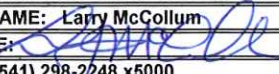
System Name:	City of The Dalles	ID#: 41	-00869	Month/Year:	Jun-23
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1 / 0900	1.17	866	1013.2	12.5	7.65	41.7	YES	3190
2 / 0900	1.09	866	943.9	13.9	7.63	37.4	YES	3190
3 / 0900	1.16	866	1004.6	13.0	7.69	40.9	YES	3190
4 / 0900	1.16	866	1004.6	13.9	7.60	37.3	YES	3190
5 / 0900	1.18	866	1021.9	13.8	7.69	38.9	YES	3190
6 / 0900	1.16	866	1004.6	14.3	7.62	36.6	YES	3190
7 / 0900	1.24	866	1073.8	14.8	7.58	35.2	YES	3190
8 / 0900	1.08	866	935.3	15.2	7.59	33.8	YES	3470
9 / 0900	1.3	796	1034.8	15.8	7.63	33.7	YES	3470
10 / 0900	1.26	796	1003.0	14.6	7.60	36.0	YES	3470
11 / 0900	1.3	796	1034.8	14.5	7.60	36.4	YES	3470
12 / 0900	1.36	765	1040.4	16.0	7.56	32.7	YES	3610
13 / 0900	1.28	765	979.2	17.1	7.54	29.9	YES	3610
14 / 0900	1.29	710	915.9	14.3	7.66	37.7	YES	3890
15 / 0900	1.27	710	901.7	12.5	7.64	42.0	YES	3890
16 / 0900	1.22	829	1011.4	14.0	7.70	38.7	YES	3330
17 / 0900	1.17	866	1013.2	16.0	7.65	33.1	YES	3190
18 / 0900	1.26	796	1003.0	13.4	7.65	39.7	YES	3470
19 / 0900	1.22	796	971.1	11.2	7.59	44.9	YES	3470
20 / 0900	1.19	796	947.2	11.0	7.64	46.2	YES	3470
21 / 0900	1.19	796	947.2	11.4	7.53	43.3	YES	3470
22 / 0900	1.23	796	979.1	12.6	7.75	43.3	YES	3470
23 / 0900	1.21	796	963.2	13.4	7.53	37.8	YES	3470
24 / 0900	1.11	796	883.6	13.8	7.53	36.4	YES	3470
25 / 0900	1.18	796	939.3	13.5	7.32	34.6	YES	3470
26 / 0900	1.24	796	987.0	14.8	7.44	33.4	YES	3470
27 / 0900	1.16	796	923.4	15.3	7.49	32.6	YES	3470
28 / 0900	1.24	796	987.0	15.0	7.45	33.1	YES	3470
29 / 0900	1.11	796	883.6	16.8	7.45	28.9	YES	3470
30 / 0900	1.13	829	936.8	16.2	7.42	29.8	YES	3330

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: 05 Jul 23
SIGNATURE: 	CERT #: T-08756
PHONE #: (541) 298-2248 x5000	