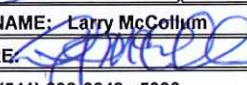


OHA - Drinking Water Services -Turbidity Monitoring Report Form
Conventional or Direct Filtration

County: **Wasco**
 Month/Year: **Jul-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	0.05	0.05	0.05	0.05	0.05
2	0.05	0.05	0.05	0.07	0.06	0.06	0.07
3	0.06	0.05	0.05	0.04	0.05	0.05	0.06
4	0.05	0.04	0.04	0.05	0.05	0.05	0.05
5	0.04	0.04	0.05	0.05	0.04	0.05	0.05
6	0.05	0.04	0.05	0.05	0.05	0.05	0.05
7	0.04	0.04	0.05	0.05	0.05	0.05	0.05
8	0.05	0.05	0.05	0.06	0.05	0.05	0.06
9	0.05	0.05	0.05	0.06	0.05	0.06	0.06
10	0.05	0.05	0.05	0.05	0.05	0.05	0.05
11	0.06	0.06	0.06	0.06	0.05	0.05	0.06
12	0.05	0.04	0.05	0.05	0.05	0.04	0.05
13	0.05	0.05	0.05	0.05	0.05	0.05	0.05
14	0.05	0.05	0.05	0.06	0.05	0.05	0.06
15	0.05	0.05	0.05	0.05	0.05	0.05	0.05
16	0.05	0.05	0.05	0.05	0.05	0.05	0.05
17	0.05	0.05	0.05	0.05	0.05	0.05	0.05
18	0.05	0.05	0.05	0.05	0.05	0.05	0.05
19	0.04	0.05	0.05	0.05	0.05	0.05	0.05
20	0.05	0.05	0.05	0.05	0.05	0.06	0.06
21	0.05	0.05	0.05	0.05	0.05	0.05	0.05
22	0.05	0.05	0.05	0.05	0.05	0.05	0.05
23	0.05	0.05	0.05	0.05	0.05	0.05	0.05
24	0.05	0.05	0.05	0.05	0.05	0.05	0.05
25	0.05	0.05	0.05	0.05	0.05	0.05	0.05
26	0.05	0.05	0.05	0.06	0.05	0.05	0.06
27	0.51	0.49	0.54	0.55	0.50	0.49	0.55
28	0.05	0.05	0.05	0.05	0.05	0.05	0.05
29	0.06	0.05	0.05	0.06	0.05	0.05	0.06
30	0.05	0.06	0.05	0.05	0.05	0.01	0.06
31	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? All 4-hour turbidity readings ≤ 1 NTU? All turbidity readings < IFE ² triggers	CT's met everyday? (see back) Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? Yes / No
Notes:	PRINTED NAME: Larry McCollum	DATE: 11 Aug 23
	SIGNATURE: 	CERT #: T-08756
	PHONE #: (541) 298-2248 x5000	

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

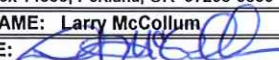
System Name: City of The Dalles						ID#: 41	-00869	Month/Year: Jul-23	WTP : A
								Disinfection Giardia Log Inactive:	1

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	866	1056.5	15.6	7.50	32.3	YES	3190
2 / 0900	1.18	866	1021.9	15.4	7.47	32.2	YES	3190
3 / 0900	1.16	866	1004.6	15.6	7.44	31.4	YES	3190
4 / 0900	1.17	866	1013.2	15.5	7.37	30.8	YES	3190
5 / 0900	1.04	866	900.6	15.6	7.39	30.4	YES	3190
6 / 0900	1.18	866	1021.9	16.0	7.39	30.1	YES	3190
7 / 0900	1.26	866	1091.2	16.8	7.43	29.2	YES	3190
8 / 0900	1.29	866	1117.1	16.3	7.42	30.2	YES	3190
9 / 0900	1.31	866	1134.5	15.2	7.46	33.0	YES	3190
10 / 0900	1.27	866	1099.8	16.9	7.23	26.9	YES	3190
11 / 0900	1.19	866	1030.5	15.6	7.51	32.3	YES	3190
12 / 0900	1.25	866	1082.5	16.9	7.56	30.4	YES	3190
13 / 0900	1.2	866	1039.2	17.0	7.52	29.6	YES	3190
14 / 0900	1.24	866	1073.8	16.2	7.40	30.0	YES	3190
15 / 0900	1.24	866	1073.8	16.9	7.44	29.0	YES	3190
16 / 0900	1.24	866	1073.8	17.4	7.48	28.5	YES	3190
17 / 0900	1.13	946	1069.0	17.4	7.65	30.0	YES	2920
18 / 0900	1.17	946	1106.8	15.9	7.51	31.6	YES	2920
19 / 0900	1.14	946	1078.4	16.1	7.43	30.2	YES	2920
20 / 0900	1.16	946	1097.4	16.6	7.43	29.2	YES	2920
21 / 0900	1.15	946	1087.9	17.7	7.54	28.3	YES	2920
22 / 0900	1.08	946	1021.7	17.5	7.48	27.8	YES	2920
23 / 0900	1.07	946	1012.2	17.5	7.46	27.6	YES	2920
24 / 0900	1.15	946	1087.9	17.9	7.58	28.3	YES	2920
25 / 0900	1.12	946	1059.5	16.5	7.35	28.4	YES	2920
26 / 0900	1.14	946	1078.4	15.5	7.54	32.7	YES	2920
27 / 0900	1.14	829	945.1	15.5	7.54	32.7	YES	3330
28 / 0900	1.13	829	936.8	15.6	7.54	32.4	YES	3330
29 / 0900	1.24	829	1028.0	16.1	7.59	32.4	YES	3330
30 / 0900	1.23	829	1019.7	16.2	7.54	31.5	YES	3330
31 / 0900	1.08	829	895.3	15.3	7.54	32.9	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: 11 Aug 23
SIGNATURE: 	CERT #: T-08756
PHONE #: (541) 298-2248 x5000	