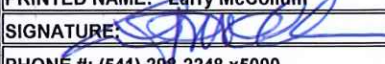


OHA - Drinking Water Services -Turbidity Monitoring Report Form
Conventional or Direct Filtration

County: Wasco
 Month/Year: Aug-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	0.06	0.05	0.05	0.06	
2	0.05	0.05	0.05	0.05	0.05	0.06	0.06	
3	0.05	0.05	0.06	0.06	0.06	0.05	0.06	
4	0.05	0.05	0.05	0.06	0.06	0.05	0.06	
5	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
6	0.05	0.05	0.05	0.06	0.05	0.06	0.06	
7	0.06	0.06	0.04	0.05	0.04	0.05	0.06	
8	0.06	0.06	0.05	0.04	0.05	0.06	0.06	
9	0.07	0.06	0.04	0.04	0.03	0.05	0.07	
10	0.08	0.07	0.07	0.07	0.05	0.07	0.08	
11	0.08	0.07	0.08	0.08	0.07	0.07	0.08	
12	0.07	0.07	0.08	0.07	0.07	0.08	0.08	
13	0.08	0.08	0.08	0.08	0.08	0.08	0.08	
14	0.08	0.07	0.09	0.05	0.08	0.08	0.09	
15	0.06	0.08	0.05	0.06	0.05	0.05	0.08	
16	0.08	0.08	0.05	0.06	0.05	0.06	0.08	
17	0.05	0.08	0.07	0.06	0.08	0.06	0.08	
18	0.05	0.09	0.07	0.08	0.05	0.04	0.09	
19	0.05	0.05	0.06	0.06	0.06	0.06	0.06	
20	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
21	0.05	0.05	0.06	0.06	0.05	0.06	0.06	
22	0.06	0.08	0.05	0.06	0.06	0.06	0.08	
23	0.08	0.05	0.06	0.07	0.07	0.06	0.08	
24	0.05	0.06	0.06	0.06	0.04	0.07	0.07	
25	0.05	0.05	0.05	0.06	0.05	0.05	0.06	
26	0.04	0.05	0.05	0.05	0.05	0.06	0.06	
27	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
28	0.08	0.08	0.05	0.05	0.05	0.05	0.08	
29	0.06	0.05	0.06	0.05	0.05	0.06	0.06	
30	0.06	0.05	0.06	0.05	0.08	0.05	0.08	
31	0.06	0.06	0.06	0.05	0.04	0.05	0.06	

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	DATE: 05 Sep 23
	SIGNATURE: 	CERT #: T-08756
	PHONE #: (541) 296-2248 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

WTP : A

System Name:

City of The Dalles

ID#: 41

-00869

Month/Year:

Aug-23

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	1.17	829	969.9	15.3	7.51	32.9	YES	3330
2 / 0900	1.12	829	928.5	15.3	7.61	33.9	YES	3330
3 / 0900	1.16	829	961.6	16.0	7.51	31.4	YES	3330
4 / 0900	1.13	829	936.8	17.6	7.47	27.7	YES	3330
5 / 0900	1.13	829	936.8	17.7	7.41	26.9	YES	3330
6 / 0900	1.13	829	936.8	17.4	7.54	28.8	YES	3330
7 / 0900	1.14	829	945.1	17.2	7.29	26.6	YES	3330
8 / 0900	1.1	829	911.9	17.1	7.55	29.4	YES	3330
9 / 0900	1.13	829	936.8	16.7	7.63	31.2	YES	3330
10 / 0900	1.22	829	1011.4	17.2	7.59	30.0	YES	3330
11 / 0900	1.2	829	994.8	16.0	7.60	32.6	YES	3330
12 / 0900	1.29	829	1069.4	16.4	7.60	32.0	YES	3330
13 / 0900	1.23	829	1019.7	17.7	7.61	29.3	YES	3330
14 / 0900	1.19	829	986.5	18.1	7.48	27.0	YES	3330
15 / 0900	1.18	829	978.2	18.8	7.51	26.1	YES	3330
16 / 0900	1.16	829	961.6	19.8	7.49	24.1	YES	3330
17 / 0900	1.2	829	994.8	19.3	7.48	25.0	YES	3330
18 / 0900	1.2	829	994.8	18.7	7.50	26.2	YES	3330
19 / 0900	1.19	829	986.5	14.8	7.50	34.0	YES	3330
20 / 0900	1.2	829	994.8	15.4	7.48	32.4	YES	3330
21 / 0900	1.18	829	978.2	15.7	7.54	32.4	YES	3330
22 / 0900	1.15	829	953.4	15.7	7.65	33.6	YES	3330
23 / 0900	1.12	1046	1171.5	14.8	7.55	34.3	YES	2640
24 / 0900	1.18	1046	1234.3	15.0	7.48	33.2	YES	2640
25 / 0900	1.16	1046	1213.4	16.1	7.65	32.8	YES	2640
26 / 0900	1.23	1046	1286.6	17.2	7.64	30.6	YES	2640
27 / 0900	1.17	1046	1223.8	17.6	7.69	30.2	YES	2640
28 / 0900	1.05	1046	1098.3	18.3	7.65	28.0	YES	2640
29 / 0900	1.03	1105	1138.2	18.2	7.67	28.3	YES	2500
30 / 0900	1.13	1105	1248.7	16.6	7.65	31.6	YES	2500
31 / 0900	1.05	994	1043.7	16.5	7.53	30.2	YES	2780

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 Sep 23
SIGNATURE: 	CERT #: T-08756
PHONE #: (541) 296-2448 x5000	