

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

County: **Wasco**
 Month/Year: **Sep-23**

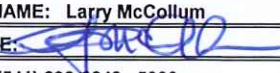
System Name: **City of The Dalles** ID#: **41-00869** WTP: **A**

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	0.06	0.07	0.06	0.06	0.05	0.07
2	0.06	0.05	0.05	0.07	0.04	0.04	0.07
3	0.06	0.05	0.05	0.05	0.05	0.06	0.06
4	0.04	0.05	0.05	0.05	0.05	0.05	0.05
5	0.04	0.05	0.06	0.04	0.04	0.04	0.06
6	0.05	0.05	0.05	0.05	0.05	0.05	0.05
7	0.06	0.06	0.04	0.04	0.04	0.04	0.06
8	0.05	0.04	0.05	0.04	0.04	0.06	0.06
9	0.05	0.05	0.05	0.04	0.05	0.04	0.05
10	0.04	0.05	0.05	0.05	0.06	0.05	0.06
11	0.05	0.05	0.04	0.05	0.05	0.06	0.06
12	0.06	0.06	0.04	0.05	0.06	0.04	0.06
13	0.04	0.04	0.04	0.04	0.06	0.05	0.06
14	0.04	0.04	0.05	0.04	0.05	0.04	0.05
15	0.05	0.04	0.04	0.04	0.05	0.04	0.05
16	0.04	0.04	0.05	0.05	0.05	0.04	0.05
17	0.04	0.04	0.04	0.04	0.05	0.04	0.05
18	0.05	0.04	0.04	0.06	0.04	0.04	0.06
19	0.05	0.07	0.04	0.04	0.07	0.07	0.07
20	0.07	0.06	0.05	0.04	0.05	0.04	0.07
21	0.05	0.05	0.06	0.04	0.04	0.04	0.06
22	0.05	0.05	0.05	0.05	0.04	0.05	0.05
23	0.05	0.04	0.04	0.06	0.05	0.04	0.06
24	0.04	0.04	0.04	0.05	0.04	0.05	0.05
25	0.04	0.04	0.06	0.05	0.04	0.08	0.08
26	0.05	0.05	0.05	0.05	0.05	0.04	0.05
27	0.05	0.06	0.04	0.04	0.05	0.05	0.06
28	0.05	0.05	0.05	0.04	0.05	0.05	0.05
29	0.05	0.05	0.05	0.04	0.05	0.05	0.05
30	0.05	0.05	0.06	0.06	0.06	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**

SIGNATURE: 

DATE: **10/6/2023**

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

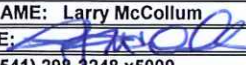
System Name:	City of The Dalles	ID#: 41	-00869	Month/Year:	Sep-23	Disinfection Giardia Log Inactive:	1
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1 / 0900	0.85	994	844.9	16.2	7.53	30.1	YES	2780
2 / 0900	1.03	1046	1077.4	16.1	7.49	30.5	YES	2640
3 / 0900	1.19	1046	1244.7	16.9	7.42	28.7	YES	2640
4 / 0900	1.25	1046	1307.5	16.6	7.53	30.7	YES	2640
5 / 0900	1.2	1046	1255.2	14.9	7.42	32.8	YES	2640
6 / 0900	1.17	1046	1223.8	13.9	7.65	38.0	YES	2640
7 / 0900	1.13	1046	1182.0	14.8	7.62	35.3	YES	2640
8 / 0900	1.12	1046	1171.5	14.5	7.59	35.5	YES	2640
9 / 0900	1.36	1046	1422.6	15.1	7.62	35.5	YES	2640
10 / 0900	1.33	1046	1391.2	15.7	7.67	34.6	YES	2640
11 / 0900	1.23	1046	1286.6	16.2	7.56	31.8	YES	2640
12 / 0900	1.17	1046	1223.8	16.1	7.54	31.5	YES	2640
13 / 0900	1.22	1105	1348.1	15.9	7.64	33.3	YES	2500
14 / 0900	1.14	1105	1259.7	15.4	7.51	32.6	YES	2500
15 / 0900	1.2	1105	1326.0	15.3	7.61	34.2	YES	2500
16 / 0900	1.17	1105	1292.9	15.6	7.55	32.7	YES	2500
17 / 0900	1.13	1105	1248.7	15.8	7.66	33.5	YES	2500
18 / 0900	1.26	1105	1392.3	15.3	7.68	35.4	YES	2500
19 / 0900	1.12	1105	1237.6	14.5	7.55	35.0	YES	2500
20 / 0900	1.18	1105	1303.9	14.0	7.44	35.0	YES	2500
21 / 0900	1.11	1105	1226.6	13.5	7.23	33.2	YES	2500
22 / 0900	1.15	1105	1270.8	12.6	7.60	40.6	YES	2500
23 / 0900	1.23	1105	1359.2	12.7	7.67	41.7	YES	2500
24 / 0900	1.24	1105	1370.2	13.3	7.66	40.0	YES	2500
25 / 0900	1.15	1105	1270.8	13.0	7.62	39.8	YES	2500
26 / 0900	1.06	1105	1171.3	14.1	7.60	36.4	YES	2640
27 / 0900	1.05	1105	1160.3	13.4	7.60	38.1	YES	2640
28 / 0900	1.1	1105	1215.5	13.0	7.62	39.6	YES	2640
29 / 0900	1.2	1105	1326.0	12.9	7.64	40.6	YES	2640
30 / 0900	1.25	1105	1381.3	12.5	7.55	40.6	YES	2640

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: 10/6/2023
SIGNATURE: 	CERT #: T-08756
PHONE #: (541) 298-2248 x5000	