

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

County: **Wasco**
 Month/Year: **Oct-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	0.04	0.05	0.06	0.05	0.04	0.06
2	0.05	0.06	OFFLINE	0.05	0.06	0.06	0.06
3	0.05	0.05	0.06	0.06	0.04	0.05	0.06
4	0.04	0.05	0.05	0.06	0.05	0.05	0.06
5	0.05	0.05	0.05	0.06	0.05	0.05	0.06
6	0.05	0.06	0.05	0.05	0.07	0.04	0.07
7	0.06	0.07	0.06	0.05	0.05	0.05	0.07
8	0.05	0.05	0.06	0.05	0.05	0.07	0.07
9	0.06	0.05	0.05	0.05	0.06	0.05	0.06
10	0.05	0.05	0.08	0.05	0.05	0.05	0.08
11	0.02	0.02	0.04	OFFLINE	0.03	0.03	0.04
12	0.05	0.05	0.05	0.05	0.05	0.06	0.06
13	0.05	0.04	5.00	0.05	0.05	0.05	5.00
14	0.06	0.06	0.05	0.05	0.05	0.06	0.06
15	0.05	0.05	0.06	0.06	0.06	0.06	0.06
16	0.05	0.05	0.05	0.05	0.04	0.05	0.05
17	0.05	0.05	0.05	0.05	0.04	0.04	0.05
18	0.06	0.05	0.05	0.05	0.05	0.04	0.06
19	0.06	0.05	0.05	0.05	0.05	0.05	0.06
20	0.06	0.06	0.06	0.06	0.06	0.04	0.06
21	0.06	0.06	0.07	0.07	0.04	0.06	0.07
22	0.06	0.05	0.07	0.04	0.06	0.07	0.07
23	0.05	0.06	0.06	0.06	0.05	0.05	0.06
24	0.06	0.06	0.05	0.06	0.05	0.06	0.06
25	0.05	0.05	0.05	0.06	0.06	0.04	0.06
26	0.05	0.04	0.05	0.05	0.06	0.06	0.06
27	0.07	0.08	0.05	0.05	0.05	0.05	0.08
28	0.06	0.06	0.05	0.05	0.06	0.06	0.06
29	0.06	0.05	0.05	0.06	0.06	0.06	0.06
30	0.05	0.06	0.05	0.05	0.06	0.06	0.06
31	0.06	0.05	0.05	0.06	0.04	0.06	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: *[Signature]* DATE: **Nov 03, 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

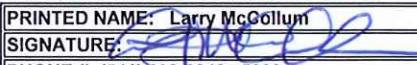
System Name:	City of The Dalles	ID#: 41	-00869	Month/Year:	Oct-23	Disinfection Giardia Log Inactive:	1
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1 / 0900	1.27	1046	1328.4	12.6	7.51	39.8	YES	2640
2 / 0900	1.32	1046	1380.7	11.2	7.45	43.3	YES	2640
3 / 0900	1.32	1046	1380.7	12.5	7.43	39.1	YES	2640
4 / 0900	1.26	1805	2274.3	12.6	7.60	41.1	YES	1530
5 / 0900	1.21	1170	1415.7	16.5	7.88	35.0	YES	2360
6 / 0900	1.23	1170	1439.1	13.8	7.62	38.1	YES	2360
7 / 0900	1.21	1170	1415.7	13.6	7.68	39.4	YES	2360
8 / 0900	1.21	1170	1415.7	13.5	7.69	39.8	YES	2360
9 / 0900	1.22	1170	1427.4	13.7	7.58	37.8	YES	2360
10 / 0900	1.17	1170	1368.9	13.1	7.63	39.8	YES	2360
11 / 0900	1.16	1170	1357.2	12.0	7.52	41.3	YES	2360
12 / 0900	1.24	1170	1450.8	12.4	7.54	40.9	YES	2360
13 / 0900	1.23	1170	1439.1	11.9	7.60	43.1	YES	2360
14 / 0900	1.16	1170	1357.2	12.0	7.72	44.3	YES	2360
15 / 0900	1.23	1170	1439.1	12.6	7.67	42.0	YES	2360
16 / 0900	1.17	1170	1368.9	13.2	7.65	39.8	YES	2360
17 / 0900	1.16	1170	1357.2	12.5	7.51	39.6	YES	2360
18 / 0900	1.23	1170	1439.1	11.8	7.59	43.2	YES	2360
19 / 0900	1.22	1170	1427.4	11.8	7.40	40.4	YES	2360
20 / 0900	1.13	1328	1500.6	12.2	7.67	42.8	YES	2080
21 / 0900	1.19	1328	1580.3	12.2	7.64	42.7	YES	2080
22 / 0900	1.17	1328	1553.8	12.2	7.60	42.0	YES	2080
23 / 0900	1.24	1244	1542.6	11.9	7.53	42.1	YES	2220
24 / 0900	1.39	1244	1729.2	10.5	7.62	48.5	YES	2220
25 / 0900	1.32	1244	1642.1	9.5	7.51	49.5	YES	2220
26 / 0900	1.26	1244	1567.4	8.5	7.51	52.5	YES	2220
27 / 0900	1.23	1244	1530.1	7.5	7.57	57.2	YES	2220
28 / 0900	1.27	1328	1686.6	6.3	7.53	61.4	YES	2080
29 / 0900	1.12	1805	2021.6	4.9	7.51	65.9	YES	1530
30 / 0900	1.2	1805	2166.0	4.7	7.56	68.7	YES	1530
31 / 0900	1.08	1805	1949.4	4.6	7.67	71.0	YES	1530

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: Nov 03, 2023
SIGNATURE: 	CERT #: T-08756
PHONE #: (541) 298-2248 x5000	