

OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Wasco

Month/Year: Nov-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 <sup>1</sup> [NTU]
1	0.07	0.07	0.05	0.06	0.07	0.06	0.07
2	0.05	0.05	0.05	0.06	0.06	0.06	0.06
3	0.06	0.06	0.05	0.06	0.06	0.07	0.07
4	0.07	0.06	0.07	0.07	0.06	0.05	0.07
5	0.05	0.05	0.05	0.04	0.06	0.06	0.06
6	0.07	0.06	0.05	0.06	0.06	0.06	0.07
7	0.05	0.05	0.05	0.06	0.06	0.07	0.07
8	0.07	0.07	0.05	0.05	0.06	0.06	0.07
9	0.07	0.05	0.04	0.04	0.05	0.07	0.07
10	0.05	0.05	0.06	0.04	0.06	0.07	0.07
11	0.06	0.06	0.04	0.06	0.06	0.06	0.06
12	0.05	0.05	0.05	0.06	0.06	0.06	0.06
13	0.04	0.05	0.06	0.05	0.04	0.06	0.06
14	0.04	0.04	0.04	0.05	0.04	0.04	0.05
15	0.04	0.04	0.04	0.05	0.04	0.04	0.05
16	0.04	0.05	0.05	0.06	0.05	0.04	0.06
17	0.04	0.05	0.06	0.06	0.06	0.05	0.06
18	0.06	0.05	0.05	0.06	0.05	0.05	0.06
19	0.05	0.05	0.05	0.04	0.05	0.06	0.06
20	0.05	0.06	0.04	0.06	0.05	0.05	0.06
21	0.06	0.07	0.05	0.04	0.04	0.04	0.07
22	0.05	0.06	0.06	0.07	0.05	0.05	0.07
23	0.06	0.05	0.05	0.06	0.05	0.05	0.06
24	0.04	0.05	0.04	0.05	0.07	0.06	0.07
25	0.06	0.07	0.05	0.06	0.05	0.07	0.07
26	0.06	0.05	0.06	0.05	0.06	0.06	0.06
27	0.06	0.06	0.05	0.05	0.05	0.06	0.06
28	0.06	0.06	0.05	0.05	0.04	0.06	0.06
29	0.04	0.05	0.05	0.06	0.05	0.03	0.06
30	0.05	0.05	0.05	0.05	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

All 4-hour turbidity readings ≤ 1 NTU?

Yes / No

All turbidity readings < IFE<sup>2</sup> triggers

Yes / No

CT's met everyday?  
(see back)

Yes / No

All Cl<sub>2</sub> residual at entry point  
≥ 0.2 mg/l?

Yes / No

Notes:

PRINTED NAME: Larry McCollum

SIGNATURE: 

DATE: 07DEC23

PHONE #: (541) 298-2248 x5000

CERT #: T-08756

<sup>1</sup> 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. <sup>2</sup> IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP : A

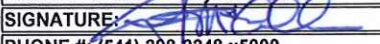
System Name:	City of The Dalles	ID#: 41	-00869	Month/Year:	Nov-23	Disinfection Giardia Log Inactive:	1
--------------	--------------------	---------	--------	-------------	--------	------------------------------------------	---

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1 / 0900	1.17	1987	2324.8	5.5	7.64	66.8	YES	1390
2 / 0900	1.23	1805	2220.2	6.6	7.59	61.2	YES	1530
3 / 0900	1.3	1805	2346.5	8.7	7.58	53.4	YES	1530
4 / 0900	1.2	1805	2166.0	9.9	7.55	48.2	YES	1530
5 / 0900	1.17	1526	1785.4	10.2	7.58	47.6	YES	1810
6 / 0900	1.10	1424	1566.4	10.0	7.60	48.2	YES	1940
7 / 0900	1.16	1424	1651.8	9.8	7.55	48.3	YES	1940
8 / 0900	1.22	1328	1620.2	8.5	7.57	53.4	YES	2080
9 / 0900	1.20	1328	1593.6	6.8	7.60	60.4	YES	2080
10 / 0900	1.27	1328	1686.6	6.6	7.61	62.0	YES	2080
11 / 0900	1.18	1328	1567.0	7.3	7.60	58.3	YES	2080
12 / 0900	1.23	2210	2718.3	7.7	7.64	57.9	YES	1250
13 / 0900	1.22	1424	1737.3	7.7	7.54	55.8	YES	1940
14 / 0900	1.19	1424	1694.6	7.2	7.60	58.7	YES	1940
15 / 0900	1.24	1424	1765.8	7.5	7.65	58.9	YES	1940
16 / 0900	1.24	1424	1765.8	8.6	7.54	52.6	YES	1940
17 / 0900	1.02	1424	1452.5	8.0	7.49	52.5	YES	1940
18 / 0900	1.17	1424	1666.1	7.0	7.52	57.7	YES	1940
19 / 0900	1.14	1424	1623.4	6.4	7.60	61.7	YES	1940
20 / 0900	1.16	1424	1651.8	5.9	7.55	62.8	YES	1940
21 / 0900	1.16	1424	1651.8	5.2	7.56	66.1	YES	1940
22 / 0900	1.17	1424	1666.1	5.5	7.59	65.5	YES	1940
23 / 0900	1.12	1424	1594.9	6.7	7.57	59.6	YES	1940
24 / 0900	1.22	1424	1737.3	5.5	7.64	67.1	YES	1940
25 / 0900	1.17	1424	1666.1	3.7	7.61	74.7	YES	1940
26 / 0900	1.15	1424	1637.6	2.7	7.60	79.6	YES	1940
27 / 0900	1.1	1805	1985.5	2.1	7.42	77.2	YES	1530
28 / 0900	1.11	1654	1835.9	3.2	7.47	72.9	YES	1670
29 / 0900	1.12	1526	1709.1	3.5	7.54	73.4	YES	1810
30 / 0900	1.26	1328	1673.3	2.9	7.59	79.2	YES	2080

<sup>3</sup> If Cl<sub>2</sub> 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: 07 DEC 23
SIGNATURE: 	CERT #: T-08756
PHONE #: (541) 298-2248 x5000	