

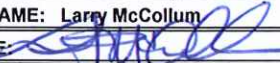
**OHA - Drinking Water Services -Turbidity Monitoring Report Form**  
**Conventional or Direct Filtration**

County: **Wasco**  
 Month/Year: **Dec-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	0.05	0.04	0.07	0.07	0.06	0.04	0.07
2	0.05	0.04	0.04	0.04	0.04	0.05	0.05
3	0.05	0.05	0.05	0.04	0.04	0.04	0.05
4	0.05	0.06	0.05	0.06	0.04	0.05	0.06
5	0.06	0.04	0.06	0.05	0.06	0.06	0.06
6	0.05	0.04	0.04	0.05	0.06	0.06	0.06
7	0.04	0.05	0.04	0.05	0.04	0.05	0.05
8	0.04	0.05	0.06	0.07	0.07	0.06	0.07
9	0.05	0.06	0.08	0.07	0.06	0.06	0.08
10	0.05	0.05	0.06	0.08	0.06	0.07	0.08
11	0.05	0.05	0.05	0.04	0.05	0.05	0.05
12	0.06	0.05	0.05	0.05	0.05	0.04	0.06
13	0.06	0.07	0.05	0.06	0.08	0.06	0.08
14	0.06	0.04	0.06	0.05	0.05	0.05	0.06
15	0.06	0.04	0.06	0.05	0.05	0.08	0.08
16	0.07	0.07	0.06	0.04	0.05	0.06	0.07
17	0.05	0.05	0.05	0.05	0.05	0.05	0.05
18	0.07	0.07	0.06	0.04	0.05	0.05	0.07
19	0.05	0.05	0.06	0.06	0.04	0.05	0.06
20	0.07	0.04	0.05	0.06	0.05	0.04	0.07
21	0.05	0.05	0.05	0.05	0.05	0.05	0.05
22	0.05	0.05	0.04	0.05	0.05	0.05	0.05
23	0.05	0.06	0.06	0.04	0.04	0.05	0.06
24	0.05	0.05	0.05	0.06	0.06	0.07	0.07
25	0.05	0.06	0.05	0.05	0.05	0.05	0.06
26	0.05	0.06	0.05	0.06	0.05	0.05	0.06
27	0.05	0.06	0.05	0.05	0.05	0.05	0.06
28	0.06	0.05	0.05	0.06	0.06	0.06	0.06
29	0.06	0.05	0.04	0.05	0.06	0.04	0.06
30	0.04	0.06	0.06	0.05	0.05	0.05	0.06
31	0.05	0.05	0.05	0.05	0.05	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)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	Yes / No	Yes / No	Yes / No
All turbidity readings < IFE <sup>2</sup> triggers	Yes / No		

Notes:	PRINTED NAME: <b>Larry McCollum</b>
	SIGNATURE: 
	DATE: <b>02 Jan 24</b>
	PHONE #: <b>(541) 298-2248 x5000</b>
	CERT #: <b>T-08756</b>

<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:

Dec-23

Disinfection  
Giardia Log  
Inactive:

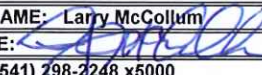
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1 / 0900	1.27	1328	1686.6	3.3	7.57	76.6	YES	2080
2 / 0900	1.22	1328	1620.2	3.0	7.54	76.9	YES	2080
3 / 0900	1.2	1987	2384.4	5.2	7.47	64.3	YES	1390
4 / 0900	1.12	1654	1852.5	6.4	7.46	58.5	YES	1670
5 / 0900	0.97	1526	1480.2	7.9	7.51	52.9	YES	1810
6 / 0900	0.98	1526	1495.5	8.8	7.45	48.8	YES	1810
7 / 0900	1.05	1526	1602.3	8.0	7.50	52.8	YES	1810
8 / 0900	1.07	1526	1632.8	6.0	7.59	62.6	YES	1810
9 / 0900	1.08	1526	1648.1	4.2	7.54	69.6	YES	1810
10 / 0900	1.12	1654	1852.5	4.2	7.49	68.7	YES	1670
11 / 0900	1.08	1654	1786.3	5.8	7.48	61.1	YES	1670
12 / 0900	1.07	1654	1769.8	6.2	7.49	59.6	YES	1670
13 / 0900	1.01	1805	1823.1	9.5	6.42	32.7	YES	1670
14 / 0900	1.05	1526	1602.3	9.4	7.39	46.3	YES	1810
15 / 0900	1.01	1526	1541.3	6.2	7.48	59.0	YES	1810
16 / 0900	1.15	1526	1754.9	5.9	7.48	61.1	YES	1810
17 / 0900	1.29	1526	1968.5	5.4	7.47	64.1	YES	1810
18 / 0900	1.16	1526	1770.2	4.8	7.52	67.0	YES	1810
19 / 0900	1.23	1987	2444.0	4.4	7.51	69.1	YES	1390
20 / 0900	1.15	1654	1902.1	4.9	7.48	65.5	YES	1670
21 / 0900	1.16	1654	1918.6	5.6	7.54	63.9	YES	1670
22 / 0900	0.96	1654	1587.8	5.6	7.63	64.5	YES	1670
23 / 0900	1.14	1654	1885.6	4.6	7.63	70.5	YES	1670
24 / 0900	1.15	1987	2285.1	3.0	7.55	76.5	YES	1390
25 / 0900	1.12	2210	2475.2	3.2	7.43	72.0	YES	1250
26 / 0900	1.14	2210	2519.4	3.5	7.55	73.8	YES	1250
27 / 0900	1.05	1654	1736.7	4.2	7.54	69.4	YES	1670
28 / 0900	1.13	1654	1869.0	4.7	7.52	67.2	YES	1670
29 / 0900	1.09	1654	1802.9	4.8	7.48	65.4	YES	1670
30 / 0900	1.1	1654	1819.4	5.3	7.48	63.3	YES	1670
31 / 0900	1.05	1654	1736.7	5.7	7.47	61.0	YES	1670

<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: 02 Jan 24
SIGNATURE: 	CERT #: T-08756
PHONE #: (541) 298-2248 x5000	