

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

County: Wasco
 Month/Year: Jan-24

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

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? All 4-hour turbidity readings ≤ 1 NTU? All turbidity readings < IFE ² triggers	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No

Notes:	PRINTED NAME: <u>Larry McCallum</u>
	SIGNATURE: <u>[Signature]</u> DATE: <u>09 Feb 24</u>
	PHONE #: <u>(541) 298-248 x5000</u> CERT #: <u>T-08756</u>

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:	Jan-24	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	1.1	1654	1819.4	4.4	7.55	69.1	YES	1670
2 / 0900	1.09	1805	1967.5	4.6	7.54	67.8	YES	1539
3 / 0900	1.1	1805	1985.5	4.0	7.54	70.7	YES	1539
4 / 0900	1.18	1805	2129.9	4.3	7.59	71.2	YES	1539
5 / 0900	1.1	1805	1985.5	4.9	7.57	67.2	YES	1539
6 / 0900	1.12	1805	2021.6	4.9	7.53	66.4	YES	1539
7 / 0900	1.14	1805	2057.7	4.3	7.49	68.4	YES	1530
8 / 0900	1.11	1654	1835.9	3.8	7.47	70.0	YES	1670
9 / 0900	1.13	1424	1609.1	4.1	7.53	70.2	YES	1940
10 / 0900	0.92	1424	1310.1	4.6	7.49	65.3	YES	1940
11 / 0900	1.06	1987	2106.2	6.0	7.74	66.0	YES	1390
12 / 0900	0.99	1654	1637.5	4.7	7.73	71.3	YES	1670
13 / 0900	1.04	1526	1587.0	4.4	7.66	71.4	YES	1810
14 / 0900	1.01	1526	1541.3	4.3	7.72	73.2	YES	1810
15 / 0900	1.12	1526	1709.1	4.9	7.73	71.5	YES	1810
16 / 0900	1.11	1424	1580.6	4.5	7.83	76.1	YES	1940
17 / 0900	1.19	1424	1694.6	5.2	7.72	70.3	YES	1940
18 / 0900	1.12	1526	1709.1	4.9	7.73	71.5	YES	1810
19 / 0900	1.11	1424	1580.6	4.5	7.83	76.1	YES	1940
20 / 0900	1.19	1526	1815.9	5.2	7.72	70.3	YES	1810
21 / 0900	1.17	1526	1785.4	5.4	7.73	69.5	YES	1810
22 / 0900	1.21	1244	1505.2	5.6	7.70	68.1	YES	2220
23 / 0900	1.2	1424	1708.8	5.7	7.72	68.0	YES	1940
24 / 0900	1.16	1424	1651.8	6.0	7.62	64.0	YES	1940
25 / 0900	1.11	1424	1580.6	2.7	7.39	73.3	YES	1940
26 / 0900	1.11	1424	1580.6	3.5	7.39	69.4	YES	1940
27 / 0900	1.01	1987	2006.9	3.8	7.42	67.9	YES	1390
28 / 0900	0.97	1987	1927.4	3.8	7.35	65.9	YES	1390
29 / 0900	0.96	1328	1274.9	3.3	7.42	69.9	YES	2080
30 / 0900	0.97	1244	1206.7	3.8	7.28	64.2	YES	2220
31 / 0900	1.09	1244	1356.0	4.2	7.37	65.5	YES	2220

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: 09 Feb 24
SIGNATURE: 	CERT #: T-08756
PHONE #: (541) 298-248 x5000	