


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

County: **Wasco**
 Month/Year: **Mar-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	0.07	0.06	0.06	0.05	0.07	0.07	0.07	
2	0.07	0.07	0.07	0.07	0.07	0.06	0.07	
3	0.07	0.08	0.07	0.08	0.07	0.06	0.08	
4	0.07	0.08	0.07	0.08	0.06	0.06	0.08	
5	0.07	0.07	0.07	0.08	0.07	0.07	0.08	
6	0.07	0.07	0.07	0.08	0.07	0.06	0.08	
7	0.07	0.08	0.07	0.08	0.08	0.09	0.09	
8	0.07	0.07	0.07	0.07	0.07	0.06	0.07	
9	0.09	0.08	0.08	0.07	0.07	0.05	0.09	
10	0.07	0.07	0.06	0.06	0.06	0.06	0.07	
11	0.07	0.06	0.05	0.07	0.05	0.06	0.07	
12	0.05	0.06	0.07	0.06	0.06	0.07	0.07	
13	0.06	0.07	0.06	0.07	0.06	0.05	0.07	
14	0.06	0.06	0.07	0.06	0.06	0.27	0.27	
15	0.06	0.05	0.06	0.07	0.07	0.07	0.07	
16	0.06	0.06	0.06	0.06	0.08	0.06	0.08	
17	0.06	0.06	0.06	0.07	0.07	0.07	0.07	
18	0.07	0.07	0.08	0.09	0.06	0.06	0.09	
19	0.06	0.07	0.07	0.07	0.06	0.06	0.07	
20	0.07	0.06	0.07	0.07	0.07	0.06	0.07	
21	0.06	0.05	0.06	0.06	0.07	0.07	0.07	
22	0.07	0.05	0.06	0.06	0.05	0.05	0.07	
23	0.06	0.06	0.06	0.05	0.05	0.05	0.06	
24	0.07	0.06	0.06	0.05	0.04	0.05	0.07	
25	0.06	0.06	0.06	0.06	0.06	0.07	0.07	
26	0.06	0.07	0.06	0.06	0.07	0.07	0.07	
27	0.06	0.06	0.07	0.06	0.07	0.07	0.07	
28	0.06	0.06	0.05	0.05	0.07	0.06	0.07	
29	0.08	0.05	0.06	0.04	0.06	0.06	0.08	
30	0.06	0.07	0.06	0.06	0.05	0.06	0.07	
31	0.06	0.06	0.05	0.06	0.06	0.06	0.06	

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	Yes/No Yes/No Yes/No	CT's met everyday? (see back) Yes/No All Cl2 residual at entry point ≥ 0.2 mg/l? Yes/No

Notes:	PRINTED NAME: Larry McCoin	DATE: 03/22/24
	SIGNATURE: 	CERT #: T-08756
	PHONE #: (541) 298-2248 x5000	

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

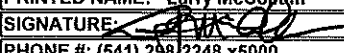
System Name: City of The Dalles					ID#: 41	-00869	Month/Year: Mar-24	WTP : A
Disinfection Giardia Log Inactive:								1

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	1.13	1424	1609.1	4.4	7.30	63.3	YES	1940
2 / 0900	1.06	1987	2106.2	4.5	7.29	62.1	YES	1390
3 / 0900	1.02	1654	1687.1	3.9	7.32	65.1	YES	1670
4 / 0900	1.08	1424	1537.9	4.2	7.40	66.2	YES	1940
5 / 0900	1.11	1244	1380.8	4.0	7.35	66.1	YES	2220
6 / 0900	1.16	1244	1443.0	3.4	7.28	67.5	YES	2220
7 / 0900	1.13	1424	1609.1	3.6	7.18	64.0	YES	1940
8 / 0900	1.15	1654	1902.1	3.9	7.30	65.6	YES	1670
9 / 0900	1.08	1654	1786.3	5.0	7.39	62.4	YES	1670
10 / 0900	1.14	1424	1623.4	5.2	7.31	60.2	YES	1940
11 / 0900	1.12	1328	1487.4	5.7	7.35	58.9	YES	2080
12 / 0900	1.14	1328	1513.9	5.2	7.35	61.1	YES	2080
13 / 0900	1.21	1328	1606.9	4.7	7.38	64.4	YES	2080
14 / 0900	1.1	1328	1460.8	4.5	7.36	64.0	YES	2080
15 / 0900	1.21	1244	1505.2	4.9	7.32	62.2	YES	2220
16 / 0900	1.17	1170	1368.9	5.4	7.38	61.2	YES	2360
17 / 0900	1.20	1328	1593.6	6.1	7.36	58.1	YES	2080
18 / 0900	1.18	1244	1467.9	7.4	7.19	50.0	YES	2220
19 / 0900	1.14	1244	1418.2	6.8	7.22	52.3	YES	2220
20 / 0900	1.07	1170	1251.9	6.6	7.28	53.8	YES	2360
21 / 0900	1.12	1170	1310.4	6.0	7.38	58.4	YES	2360
22 / 0900	1.1	1170	1287.0	6.2	7.29	55.6	YES	2360
23 / 0900	1.08	1170	1263.6	6.8	7.31	53.7	YES	2360
24 / 0900	1.13	1170	1322.1	6.5	7.27	54.3	YES	2360
25 / 0900	1.12	1424	1594.9	6.3	7.32	56.0	YES	1670
26 / 0900	1.13	1170	1322.1	6.3	7.38	57.3	YES	2360
27 / 0900	1.15	1170	1345.5	6.7	7.39	56.1	YES	2360
28 / 0900	1.2	1170	1404.0	6.5	7.34	56.1	YES	2360
29 / 0900	1.12	1424	1594.9	6.9	7.36	54.5	YES	1940
30 / 0900	1.1	1654	1819.4	5.8	7.37	58.8	YES	1670
31 / 0900	1.1	1654	1819.4	6.4	7.43	57.7	YES	1670

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.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

PRINTED NAME: Larry McCollum	DATE: 08/22/24
SIGNATURE: 	CERT #: T-08756
PHONE #: (541) 298/2248 x5000	