

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

County: Wasco
 Month/Year: May-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	0.05	0.08	0.06	0.05	0.05	0.08
2	0.06	0.05	0.05	0.06	0.06	0.05	0.06
3	0.07	0.06	0.06	0.07	0.04	0.04	0.07
4	0.06	0.06	0.07	0.04	0.04	0.04	0.07
5	0.06	0.06	0.07	0.04	0.06	0.04	0.07
6	0.06	0.05	0.06	0.07	0.05	0.06	0.07
7	0.07	0.06	0.07	0.07	0.06	0.05	0.07
8	0.07	0.06	0.06	0.07	0.07	0.08	0.08
9	0.06	0.06	0.06	0.08	0.09	0.08	0.09
10	0.06	0.06	0.06	0.06	0.08	0.06	0.08
11	0.06	0.07	0.06	0.06	0.08	0.08	0.08
12	0.06	0.06	0.06	0.06	0.08	0.06	0.08
13	0.06	0.06	0.07	0.07	0.06	0.06	0.07
14	0.07	0.06	0.08	0.06	0.06	0.08	0.08
15	0.07	0.06	0.07	0.07	0.07	0.07	0.07
16	0.01	0.06	0.07	0.07	0.07	0.07	0.07
17	0.06	0.06	0.06	0.08	0.05	0.06	0.08
18	0.06	0.07	0.08	0.05	0.07	0.07	0.08
19	0.06	0.07	0.07	0.07	0.06	0.05	0.07
20	0.06	0.06	0.06	OFFLINE	0.15	0.10	0.15
21	0.10	0.09	0.08	0.07	0.07	0.06	0.10
22	0.06	0.06	0.06	0.06	0.07	0.07	0.07
23	0.07	0.07	0.05	0.05	0.06	0.07	0.07
24	0.07	0.07	0.05	0.07	0.07	0.07	0.07
25	0.06	0.05	0.06	0.06	0.07	0.06	0.07
26	0.07	0.06	0.06	0.07	0.06	0.06	0.07
27	0.07	0.06	0.06	0.05	0.06	0.05	0.07
28	0.05	0.05	0.06	0.06	0.06	0.05	0.06
29	0.07	0.07	0.07	0.07	0.05	0.06	0.07
30	0.08	0.07	0.07	0.06	0.07	0.06	0.08
31	0.06	0.08	0.07	0.07	0.08	0.06	0.08

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: <u>Larry McCallum</u>
	SIGNATURE: <u>[Signature]</u> DATE: <u>03 Jun 24</u>
	PHONE #: <u>(541) 298-2248 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
 Disinfection
 Giardia Log
 Inactive: 1

System Name: City of The Dalles ID#: 41 -00869 Month/Year: May-24

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1 / 0900	1.22	866	1056.5	7.2	7.38	54.5	YES	3190
2 / 0900	1.25	866	1082.5	9.1	7.26	46.1	YES	3190
3 / 0900	1.25	866	1082.5	8.5	7.44	51.2	YES	3190
4 / 0900	1.23	866	1065.2	10.3	7.46	45.6	YES	3190
5 / 0900	1.19	866	1030.5	8.5	7.41	50.3	YES	3190
6 / 0900	1.19	1046	1244.7	8.5	7.38	49.7	YES	2640
7 / 0900	1.19	1046	1244.7	7.8	7.41	52.7	YES	2640
8 / 0900	1.13	946	1069.0	8.1	7.54	53.7	YES	2920
9 / 0900	1.17	829	969.9	8.8	7.35	48.1	YES	3330
10 / 0900	1.2	765	918.0	9.9	7.45	46.5	YES	3610
11 / 0900	1.18	765	902.7	10.8	7.45	43.7	YES	3610
12 / 0900	1.16	765	887.4	11.6	7.40	40.7	YES	3610
13 / 0900	1.19	765	910.4	11.8	7.22	37.8	YES	3610
14 / 0900	1.21	765	925.7	11.0	7.30	41.1	YES	3610
15 / 0900	1.16	765	887.4	11.2	7.45	42.5	YES	3610
16 / 0900	1.15	765	879.8	11.7	7.42	40.6	YES	3610
17 / 0900	1.19	765	910.4	11.2	7.54	44.0	YES	3610
18 / 0900	1.17	1244	1455.5	10.4	7.42	44.4	YES	2220
19 / 0900	1.16	1328	1540.5	10.0	7.41	45.3	YES	2080
20 / 0900	1.15	719	826.9	9.7	7.38	45.7	YES	3330
21 / 0900	1.18	719	848.4	10.5	7.38	43.5	YES	3330
22 / 0900	1.24	719	891.6	9.7	7.33	45.4	YES	3330
23 / 0900	1.2	719	862.8	9.9	7.34	44.7	YES	3330
24 / 0900	1.19	719	855.6	10.4	7.38	43.8	YES	3330
25 / 0900	1.18	792	934.6	10.6	7.45	44.3	YES	3330
26 / 0900	1.15	792	910.8	10.0	7.38	44.8	YES	3330
27 / 0900	1.13	792	895.0	12.0	7.34	38.7	YES	3330
28 / 0900	1.13	792	895.0	12.5	7.44	38.4	YES	3330
29 / 0900	1.16	796	923.4	11.3	7.37	41.0	YES	3470
30 / 0900	1.09	765	833.9	11.1	7.23	39.3	YES	3610
31 / 0900	1.19	765	910.4	11.4	7.33	40.4	YES	3610


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

Note: CW#1 offline for cleaning and inspection

PRINTED NAME: Larry McCollum	DATE: 03 Jun 24
SIGNATURE: 	CERT #: T-08756
PHONE #: (541) 298-2248 x5000	