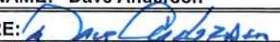


OHA - Drinking Water Services -Turbidity Monitoring Report Form  
 Conventional or Direct Filtration

County: Wasco  
 Month/Year: Aug-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 <sup>1</sup> [NTU]	
1	0.05	0.07	0.05	0.05	0.07	0.05	0.07	
2	0.08	0.06	0.08	0.05	0.05	0.06	0.08	
3	0.08	0.06	0.05	0.07	0.05	0.05	0.08	
4	0.05	0.04	0.05	0.07	0.06	0.06	0.07	
5	0.05	0.05	0.06	0.05	0.06	0.06	0.06	
6	0.05	0.05	0.06	0.05	0.06	0.05	0.06	
7	0.06	0.07	0.05	0.05	0.07	0.06	0.07	
8	0.05	0.05	0.06	0.07	0.06	0.07	0.07	
9	0.07	0.05	0.06	0.07	0.06	0.05	0.07	
10	0.05	0.06	0.07	0.05	0.05	0.05	0.07	
11	0.06	0.06	0.06	0.05	0.07	0.06	0.07	
12	0.05	0.05	0.06	0.05	0.05	0.06	0.06	
13	0.05	0.05	0.06	0.07	0.06	0.08	0.08	
14	0.07	0.05	0.05	0.06	0.07	0.06	0.07	
15	0.07	0.07	0.06	0.04	0.07	0.07	0.07	
16	0.08	0.05	0.05	0.04	0.05	0.07	0.08	
17	0.05	0.05	0.05	0.06	0.06	0.15	0.15	
18	0.06	0.06	0.06	0.07	0.06	0.07	0.07	
19	0.07	0.06	0.06	0.05	0.05	0.06	0.07	
20	0.05	0.05	0.05	0.06	0.06	0.06	0.06	
21	0.05	0.06	0.05	0.06	0.06	0.04	0.06	
22	0.07	0.05	0.07	0.06	0.07	0.07	0.07	
23	0.06	0.06	0.07	0.06	0.06	0.05	0.07	
24	0.07	0.06	0.06	0.05	0.05	0.06	0.07	
25	0.07	0.07	0.06	0.07	0.05	0.05	0.07	
26	0.08	0.07	0.06	0.07	0.06	0.06	0.08	
27	0.08	0.08	0.06	0.07	0.06	0.06	0.08	
28	0.06	0.07	0.07	0.06	0.06	0.05	0.07	
29	0.07	0.06	0.06	0.06	0.07	0.08	0.08	
30	0.06	0.06	0.06	0.06	0.07	0.06	0.07	
31	0.07	0.06	0.07	0.07	0.07	0.05	0.07	

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

Notes:	PRINTED NAME: Dave Anderson	
	SIGNATURE: 	DATE: 10-Sept-2024
	PHONE #: (541) 298-2248 x5000	CERT #: T-09274

<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:	Aug-24	Disinfection Giardia Log Inactive:	1
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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	1.23	994	1222.6	17.9	7.52	27.9	YES	2780
2 / 0900	1.17	994	1163.0	19.0	7.52	25.8	YES	2780
3 / 0900	1.13	1046	1182.0	19.7	7.55	24.8	YES	2640
4 / 0900	1.14	1046	1192.4	17.9	7.52	27.7	YES	2640
5 / 0900	1.09	1046	1140.1	18.4	7.44	25.8	YES	2640
6 / 0900	1.17	1046	1223.8	17.5	7.53	28.6	YES	2640
7 / 0900	1.15	1046	1202.9	17.0	7.64	30.7	YES	2640
8 / 0900	1.13	1046	1182.0	17.4	7.56	29.0	YES	2640
9 / 0900	1.11	1046	1161.1	17.8	7.54	28.0	YES	2640
10 / 0900	1.12	1046	1171.5	18.1	7.63	28.4	YES	2640
11 / 0900	1.06	1046	1108.8	18.7	7.59	26.7	YES	2640
12 / 0900	1.19	994	1182.9	18.1	7.59	28.2	YES	2780
13 / 0900	1.25	994	1242.5	16.3	7.55	31.5	YES	2780
14 / 0900	1.21	994	1202.7	15.2	7.56	33.9	YES	2780
15 / 0900	1.21	994	1202.7	16.3	7.56	31.5	YES	2780
16 / 0900	1.2	994	1192.8	16.5	7.56	31.0	YES	2780
17 / 0900	1.17	994	1163.0	16.5	7.58	31.2	YES	2780
18 / 0900	0.66	994	656.0	16.3	7.46	28.5	YES	2780
19 / 0900	0.78	994	775.3	16.5	7.49	28.8	YES	2780
20 / 0900	1.18	994	1172.9	15.9	7.55	32.1	YES	2780
21 / 0900	1.21	994	1202.7	15.9	7.59	32.7	YES	2780
22 / 0900	1.23	994	1222.6	16.1	7.57	32.1	YES	2780
23 / 0900	1.23	994	1222.6	15.8	7.64	33.6	YES	2780
24 / 0900	1.23	994	1222.6	14.6	7.59	35.7	YES	2780
25 / 0900	1.21	994	1202.7	14.4	7.68	37.3	YES	2780
26 / 0900	1.21	994	1202.7	15.0	7.60	34.8	YES	2780
27 / 0900	1.26	994	1252.4	16.4	7.56	31.5	YES	2780
28 / 0900	1.23	994	1222.6	14.3	7.60	36.6	YES	2780
29 / 0900	1.19	994	1182.9	13.4	7.58	38.4	YES	2780
30 / 0900	1.23	994	1222.6	14.2	7.58	36.6	YES	2780
31 / 0900	1.2	994	1192.8	15.4	7.56	33.4	YES	2780

<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: Dave Anderson	DATE: 10-Sept-2024
SIGNATURE: <i>Dave Anderson</i>	CERT #: T-09274
PHONE #: (541) 298-2248 x5010	