

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Wasco

Conventional or Direct Filtration

Month/Year: Sep-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	0.07	0.05	0.07	0.07	0.06	0.07
2	0.06	0.06	0.07	0.05	0.06	0.06	0.07
3	0.07	0.06	0.07	0.06	0.06	0.06	0.07
4	0.06	0.07	0.06	0.07	0.06	0.04	0.07
5	0.06	0.06	0.07	0.07	0.06	0.05	0.07
6	0.06	0.05	0.06	0.07	0.06	0.05	0.07
7	0.07	0.06	0.06	0.05	0.07	0.06	0.07
8	0.07	0.06	0.06	0.06	0.07	0.06	0.07
9	0.07	0.05	0.07	0.06	0.07	0.06	0.07
10	0.06	0.06	0.06	0.07	0.08	0.08	0.08
11	0.05	0.07	0.06	0.06	0.07	0.06	0.07
12	0.07	0.06	0.06	0.06	0.07	0.06	0.07
13	0.06	0.08	0.05	0.06	0.07	0.06	0.08
14	0.05	0.06	0.06	0.06	0.06	0.06	0.06
15	0.09	0.06	0.05	0.07	0.06	0.05	0.09
16	0.06	0.06	0.05	0.06	0.07	0.04	0.07
17	0.06	0.08	0.07	0.06	0.06	0.06	0.08
18	0.05	0.06	0.07	0.07	0.06	0.05	0.07
19	0.06	0.06	0.07	0.06	0.07	0.06	0.07
20	0.07	0.06	0.06	0.06	0.07	0.06	0.07
21	0.06	0.06	0.06	0.05	0.04	0.06	0.06
22	0.07	0.07	0.07	0.06	0.05	0.04	0.07
23	0.06	0.06	0.07	0.07	0.07	0.07	0.07
24	0.08	0.07	0.06	0.06	0.06	0.06	0.08
25	0.07	0.06	0.07	0.07	0.06	0.07	0.07
26	0.07	0.07	0.07	0.07	0.08	0.07	0.08
27	0.07	0.08	0.07	0.08	0.08	0.07	0.08
28	0.07	0.07	0.07	0.06	0.06	0.07	0.07
29	0.06	0.06	0.08	0.08	0.07	0.07	0.08
30	0.06	0.06	0.06	0.07	0.07	0.07	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 / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		
All turbidity readings < IFE ² triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes:	PRINTED NAME: Tyler Mitchell	DATE: 3-Oct-2024
	SIGNATURE: 	CERT #: T-09274
	PHONE #: (541) 298-2248 x5010	

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:	Sep-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	1.17	994	1163.0	16.2	7.57	31.7	YES	2780
2 / 0900	1.18	994	1172.9	17.3	7.52	28.9	YES	2780
3 / 0900	1.16	994	1153.0	17.0	7.72	31.7	YES	2780
4 / 0900	1.21	994	1202.7	16.1	7.56	31.9	YES	2780
5 / 0900	1.26	994	1252.4	16.7	7.62	31.5	YES	2780
6 / 0900	1.27	994	1262.4	17.0	7.59	30.6	YES	2780
7 / 0900	1.31	994	1302.1	17.6	7.62	29.9	YES	2780
8 / 0900	1.2	994	1192.8	17.9	7.56	28.3	YES	2780
9 / 0900	1.25	994	1242.5	17.3	7.60	30.0	YES	2780
10 / 0900	1.21	994	1202.7	16.6	7.52	30.4	YES	2780
11 / 0900	1.18	994	1172.9	16.2	7.68	33.0	YES	2780
12 / 0900	1.19	994	1182.9	15.1	7.62	34.8	YES	2780
13 / 0900	1.25	994	1242.5	14.8	7.58	35.2	YES	2780
14 / 0900	1.23	994	1222.6	14.9	7.62	35.4	YES	2780
15 / 0900	1.21	994	1202.7	15.0	7.54	34.1	YES	2780
16 / 0900	1.2	994	1192.8	14.2	7.71	38.2	YES	2780
17 / 0900	1.18	994	1172.9	14.1	7.66	37.7	YES	2780
18 / 0900	1.18	1046	1234.3	14.3	7.73	38.2	YES	2640
19 / 0900	1.19	1046	1244.7	14.4	7.63	36.6	YES	2640
20 / 0900	1.21	1046	1265.7	14.0	7.80	40.1	YES	2640
21 / 0900	1.16	1046	1213.4	13.5	7.62	38.6	YES	2640
22 / 0900	1.16	1046	1213.4	13.1	7.70	40.8	YES	2640
23 / 0900	1.15	1046	1202.9	14.3	7.59	36.1	YES	2640
24 / 0900	1.19	1046	1244.7	15.9	7.60	32.7	YES	2640
25 / 0900	1.27	1046	1328.4	16.4	7.60	32.0	YES	2640
26 / 0900	1.22	1046	1276.1	14.5	7.74	38.0	YES	2640
27 / 0900	1.25	1046	1307.5	13.4	7.58	38.6	YES	2640
28 / 0900	1.27	1046	1328.4	14.2	7.67	38.0	YES	2640
29 / 0900	1.35	1046	1412.1	14.7	7.58	35.8	YES	2640
30 / 0900	1.25	1046	1307.5	12.5	7.68	42.6	YES	2640

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 97297-0350

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