

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Wasco

Conventional or Direct Filtration

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

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 Cl2 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: Plant offline for repair 5hrs.	PRINTED NAME: Tyler Mitchell	
	SIGNATURE: 	DATE: 9-Jan-2024
	PHONE #: (541) 298-2248 x5010	CERT #: T-09274

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:

Dec-24

Disinfection
Giardia Log
Inactive:

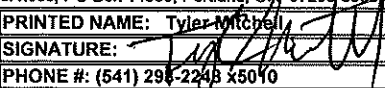
1

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	1.19	1328	1580.3	4.2	7.63	72.9	YES	2080
2 / 0900	1.21	1170	1415.7	3.5	7.63	76.7	YES	2360
3 / 0900	1.19	1170	1392.3	3.4	7.66	77.9	YES	2360
4 / 0900	1.22	1170	1427.4	3.1	7.61	78.3	YES	2360
5 / 0900	1.24	1328	1646.7	2.9	7.67	81.4	YES	2080
6 / 0900	1.24	1328	1646.7	2.8	7.68	82.2	YES	2080
7 / 0900	1.22	1526	1861.7	2.7	7.69	82.9	YES	1810
8 / 0900	1.2	1526	1831.2	3.9	7.75	77.8	YES	1810
9 / 0900	1.19	1328	1580.3	4.4	7.64	72.2	YES	2080
10 / 0900	1.16	1328	1540.5	2.9	7.61	78.9	YES	2080
11 / 0900	1.19	1328	1580.3	2.7	7.69	82.6	YES	2080
12 / 0900	1.18	1328	1567.0	2.9	7.64	79.9	YES	2080
13 / 0900	1.27	1244	1579.9	3.0	7.68	81.4	YES	2220
14 / 0900	1.25	1526	1907.5	2.4	7.63	83.1	YES	1810
15 / 0900	1.21	1526	1846.5	3.2	7.58	76.8	YES	1810
16 / 0900	1.23	1244	1530.1	3.8	7.59	74.2	YES	2220
17 / 0900	1.18	1244	1467.9	4.2	7.64	73.1	YES	2220
18 / 0900	1.14	1244	1418.2	3.9	7.49	70.3	YES	2220
19 / 0900	1.08	1244	1343.5	5.1	7.62	67.4	YES	2220
20 / 0900	1.09	1244	1356.0	5.1	7.59	66.7	YES	2220
21 / 0900	1.1	1424	1566.4	5.4	7.58	65.2	YES	1940
22 / 0900	1.15	1654	1902.1	4.8	7.61	69.1	YES	1670
23 / 0900	1.11	1424	1580.6	5.2	7.48	63.8	YES	1940
24 / 0900	1.1	1424	1566.4	5.5	7.57	64.5	YES	1940
25 / 0900	1.05	1424	1495.2	4.9	7.63	68.3	YES	1940
26 / 0900	1.00	1424	1424.0	4.7	7.52	66.2	YES	1940
27 / 0900	0.95	1424	1352.8	5.4	7.52	62.7	YES	1940
28 / 0900	0.83	1424	1181.9	5.8	7.51	60.0	YES	1940
29 / 0900	0.9	1424	1281.6	6.4	7.44	56.6	YES	1940
30 / 0900	0.89	1424	1267.4	5.0	7.52	64.0	YES	1940
31 / 0900	0.91	1244	1132.0	4.1	7.47	67.0	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: Tyler Mitchell	DATE: 9-Jan-2024
SIGNATURE: 	CERT #: T-09274
PHONE #: (541) 295-2248 x5010	