

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Wasco

Conventional or Direct Filtration

Month/Year: Jan-25

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

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: Tyler Mitchell	DATE: 4-Feb-2025
	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 Effil. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP : A

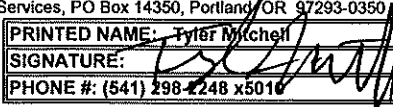
System Name:	City of The Dalles	ID#: 41	-00869	Month/Year:	Jan-25	Disinfection Giardia Log Inactive:	1
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1 / 0900	1.04	1170	1216.8	3.8	7.39	67.4	YES	2360
2 / 0900	1.24	1170	1450.8	3.4	7.45	72.5	YES	2360
3 / 0900	1.33	1170	1556.1	3.0	7.48	76.2	YES	2360
4 / 0900	1.25	1328	1660.0	3.6	7.44	71.3	YES	2080
5 / 0900	1.16	1170	1357.2	4.2	7.64	72.9	YES	2360
6 / 0900	1.11	1328	1474.1	5.1	7.53	65.4	YES	2080
7 / 0900	1.07	1328	1421.0	4.7	7.44	64.8	YES	2080
8 / 0900	1.05	1170	1228.5	4.6	7.32	62.3	YES	2360
9 / 0900	1.19	1170	1392.3	5.1	7.38	62.6	YES	2360
10 / 0900	1.33	1170	1556.1	4.5	7.45	68.0	YES	2360
11 / 0900	1.27	1105	1403.4	5.2	7.48	65.0	YES	2500
12 / 0900	1.2	1105	1326.0	4.8	7.44	65.3	YES	2500
13 / 0900	1.3	1105	1436.5	3.8	7.46	71.3	YES	2500
14 / 0900	1.27	1105	1403.4	3.3	7.51	74.9	YES	2500
15 / 0900	1.27	994	1262.4	3.5	7.41	71.2	YES	2780
16 / 0900	1.26	994	1252.4	3.4	7.51	74.3	YES	2780
17 / 0900	1.28	994	1272.3	3.5	7.48	73.2	YES	2780
18 / 0900	1.29	994	1282.3	2.4	7.61	82.9	YES	2780
19 / 0900	1.29	1424	1837.0	1.6	7.51	84.4	YES	1940
20 / 0900	1.24	1424	1765.8	1.4	7.47	83.9	YES	1940
21 / 0900	1.15	1046	1202.9	1.0	7.45	84.7	YES	2640
22 / 0900	1.33	1046	1391.2	1.3	7.59	89.2	YES	2640
23 / 0900	1.26	1046	1318.0	0.9	7.55	89.6	YES	2640
24 / 0900	1.35	1526	2060.1	1.6	7.63	88.9	YES	1810
25 / 0900	1.23	1654	2034.4	2.1	7.65	85.3	YES	1670
26 / 0900	1.18	1424	1680.3	1.3	7.65	89.6	YES	1940
27 / 0900	1.19	1424	1694.6	0.6	7.58	91.8	YES	1940
28 / 0900	1.18	1046	1234.3	0.7	7.62	92.4	YES	2640
29 / 0900	1.22	1046	1276.1	0.6	7.60	92.8	YES	2640
30 / 0900	1.25	946	1182.5	0.7	7.73	97.1	YES	2920
31 / 0900	1.27	946	1201.4	5.8	7.67	66.9	YES	2920

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: 4-Feb-2025
SIGNATURE: 	CERT #: T-09274
PHONE #: (541) 298-2248 x5016	