

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

County: Polk

Name: City of Dallas ID #41: 00248 WTP-: Month/Year: 03/24

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	.066	.065	.065	.065	.060	.059	.066
2	.059	.059	.072	.065	.065	.065	.072
3	.065	.065	.065	.065	.084	.065	.084
4	.065	.066	.067	.065	.071	.065	.071
5	.059	.065	.065	off	.065	.065	.065
6	.065	.065	off	off	.059	.064	.066
7	.065	.065	.064	.071	.059	.059	.065
8	.065	.065	.066	.064	.065	.065	.066
9	.065	.059	.065	.078	.065	.066	.078
10	.065	.066	.064	.065	.065	.065	.066
11	.064	.065	.065	.065	.065	.065	.065
12	.065	.059	.071	.065	.065	.065	.071
13	.065	.058	.065	.059	.072	.064	.072
14	.067	.065	.065	.059	.059	.065	.067
15	.059	.065	.066	.059	.059	.059	.066
16	.059	.059	.065	.065	.065	.059	.065
17	.059	.065	.059	.070	.059	.051	.070
18	.064	.061	.065	.065	.059	.059	.065
19	.059	.059	.065	.058	.059	.059	.065
20	.059	.058	.058	.059	.065	.059	.065
21	.065	.059	.059	.058	.059	.059	.065
22	.052	.065	.065	.059	.066	.059	.066
23	.064	.059	.077	.065	.067	.059	.077
24	.059	.059	.059	.059	.059	.065	.065
25	.065	.065	.059	.058	.059	.059	.065
26	.059	.065	.059	.058	.059	.058	.065
27	.059	.059	.059	.077	.059	.065	.077
28	.059	.059	.066	.058	.059	.059	.066
29	.059	.065	.065	.073	.059	.059	.073
30	.059	.059	.059	.059	.077	.059	.077
31	.059	.059	.059	.059	.059	.071	.071

Conventional or Direct Filtration Monthly Summary 95% of the 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All turbidity readings < IFE ² triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No ²	Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
	PRINTED NAME: Jason Anderson SIGNATURE: <i>Jason Anderson</i> DATE: 4/2/24 PHONE #: (503) 623-2175 CERT #: 7030	
Notes:		

¹ Including continuous turbidity 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. (OAR 333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program – Surface Water Quality Data Form - Giardia Inactivation

Name: City of Dallas ID #41: 00248 WTP-: March 24 Month/Year: March 24 Log Requirement (Circle One): 0.5 (1.0)

Date / Time	Minimum Cl ₂ Residual at 1 st 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]		Use tables	Yes / No	[GPM]
1/0930	1.12	112	125	8.1	7.09	61	yes	1261.2
2/0730	1.18	112	132	8.6	7.11	61	yes	1265.9
3/0830	1.24	112	138	7.3	7.12	61	yes	1270.4
4/0900	1.27	112	142	8.5	7.10	61	yes	1526.1
5/0900	1.32	112	147	8.1	7.11	62	yes	1911.0
6/0740	1.50	112	168	8.0	7.09	62	yes	1653.4
7/0830	1.61	112	180	7.6	7.02	64	yes	1893.0
8/0800	1.56	112	174	9.3	7.13	64	yes	1275.1
9/0730	1.29	112	144	9.6	7.10	61	yes	1252.6
10/1100	1.17	112	131	8.4	7.20	61	yes	1253.0
11/0815	1.27	112	142	8.0	7.16	62	yes	1362.2
12/0810	1.22	112	136	8.7	7.20	61	yes	1330.3
13/0830	1.07	112	120	8.2	7.10	61	yes	1283.3
14/0815	1.18	112	132	8.2	7.11	61	yes	1271.7
15/0830	1.22	112	137	9.1	7.08	61	yes	1323.4
16/1015	1.18	112	132	9.3	7.10	61	yes	1342.8
17/0815	1.24	112	138	9.1	7.20	61	yes	1310.6
18/0835	1.27	112	142	9.8	6.92	51	yes	1610.9
19/0805	1.29	112	144	9.8	7.12	62	yes	1355.0
20/0830	1.23	112	137	10.0	7.16	47	yes	1413.9
21/0735	1.13	112	127	10.4	7.27	47	yes	1318.2
22/0905	1.21	112	136	10.0	7.20	47	yes	1232.7
23/0810	1.21	112	135	9.8	7.10	61	yes	1277.6
24/0815	1.17	112	131	9.9	7.13	61	yes	1281.1
25/0830	1.29	112	144	10.2	7.22	47	yes	1412.2
26/0820	1.15	112	129	9.3	7.15	61	yes	1370.0
27/0810	1.14	112	127	10.5	7.11	46	yes	1284.3
28/0830	1.19	112	133	9.4	7.17	61	yes	1258.2
29/0825	1.13	112	127	9.3	7.09	61	yes	1293.2
30/1030	1.04	112	116	10.9	7.21	47	yes	1371.2
31/1030	1.07	112	119	11.1	7.16	49	yes	1364.9

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours
 Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf

Revised September 2016

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