

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

County: Polk

Name: City of Dallas ID #41: 00248 WTP-: Month/Year: 04/24

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	.059	.059	.065	.059	.058	.059	.065
2	.059	.059	.078	.059	.059	.059	.078
3	.059	.060	.059	.059	.059	.059	.060
4	.065	.065	.071	.059	.059	.059	.071
5	.059	.059	.065	.059	.065	.059	.065
6	.059	.059	.059	.059	.059	.059	.059
7	.059	.059	.059	.059	.060	.059	.060
8	.059	.058	.059	.059	.060	.059	.060
9	.058	.077	.059	.059	.059	.058	.077
10	.058	.059	.059	.059	.059	.058	.059
11	.059	.065	.058	.059	.058	.058	.065
12	.067	.059	.058	.059	.059	.059	.067
13	.060	.058	.059	.059	.059	.059	.060
14	.059	.059	.060	.059	.058	.065	.065
15	.059	.059	.059	.059	.059	.059	.059
16	.059	.058	.054	.071	.058	.058	.071
17	.064	.059	.058	.058	.059	.058	.064
18	.059	.059	.059	.059	.059	.059	.059
19	.059	.059	.067	.060	.059	.059	.067
20	.060	.059	.066	.059	.059	.059	.066
21	.059	.058	.059	.059	.058	.059	.059
22	.059	.083	.058	.059	.059	.058	.083
23	.058	.059	.059	.058	.059	.059	.059
24	.059	.065	.059	.059	.059	.059	.065
25	.059	.059	.059	.059	.059	.058	.059
26	.060	.059	.064	.058	.054	.058	.064
27	.054	.058	.054	.058	.059	.065	.065
28	.059	.059	.058	.059	.058	.058	.059
29	.058	.059	.059	.059	.065	.058	.065
30	.059	.059	.059	.059	.059	.059	.059
31							

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: 5/1/24 PHONE #: (503) 623-2175 CERT #: 7030	

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-: April 2024 Month/Year: April 2024 Log Requirement (Circle One): 0.5 **(1.0)**

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]		Use tables	Yes / No	[GPM]
1/0845	1.22	112	136	9.4	7.08	62	yes	1456.5
2/0930	1.11	112	124	11.0	7.11	46	yes	1457.7
3/0920	1.13	112	126	10.4	7.04	46	yes	1335.5
4/0745	1.22	112	137	10.4	7.14	47	yes	1515.8
5/0915	1.15	112	128	9.9	7.13	61	yes	1328.7
6/0930	1.16	112	129	9.7	7.13	61	yes	1307.8
7/0915	1.09	112	122	9.8	7.10	60	yes	1286.1
8/0830	1.10	112	123	9.8	7.12	61	yes	1586.6
9/0825	1.28	112	143	9.7	7.23	62	yes	1401.3
10/0820	1.22	112	137	10.0	7.16	47	yes	1406.0
11/0840	1.19	112	133	10.7	7.08	46	yes	1358.7
12/0815	1.19	112	133	10.3	7.06	46	yes	1552.9
13/1000	1.18	112	132	12.0	7.18	46	yes	1346.2
14/1000	1.16	112	129	12.2	7.13	46	yes	1474.1
15/0830	1.10	112	123	11.4	7.06	46	yes	1475.7
16/0800	1.10	112	123	10.7	7.17	46	yes	1419.2
17/0830	1.13	112	127	10.1	7.09	46	yes	1388.0
18/0800	1.09	112	122	10.5	7.11	45	yes	1411.3
19/0820	1.07	112	120	10.6	7.08	45	yes	1753.4
20/0955	1.09	112	122	10.8	7.10	45	yes	1459.0
21/0940	1.21	112	135	10.7	7.09	46	yes	1418.4
22/0930	1.19	112	133	10.9	7.14	46	yes	1633.1
23/0800	1.18	112	132	11.2	7.07	46	yes	1605.6
24/0800	1.13	112	127	11.5	7.18	46	yes	1807.6
25/0930	1.20	112	134	11.9	7.10	46	yes	1455.0
26/0840	1.13	112	126	12.9	7.18	46	yes	1458.3
27/0930	1.02	112	114	11.7	7.26	45	yes	1409.3
28/0830	1.05	112	117	12.0	7.20	45	yes	1467.9
29/0845	.99	112	110	11.4	7.12	45	yes	1475.1
30/0920	.99	112	110	12.2	7.17	45	yes	1351.3
31/								

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours Revised September 2016
 Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf

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