

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

County: Polk

Name: City of Dallas ID #41: 00248 WTP-: Month/Year: May 2024

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	.059	.059	.065	.059	.065
2	.064	.059	.059	.059	.059	.059	.064
3	.059	.059	.059	.059	.059	.059	.059
4	.060	.058	.059	.059	.059	.059	.060
5	.058	.059	.052	.058	.058	.059	.059
6	.059	.058	.059	.059	.066	.060	.066
7	.065	.077	.059	.058	.058	.059	.077
8	.058	.059	.059	.059	.059	.059	.059
9	.065	.058	.064	.059	.059	.050	.065
10	.059	.067	.059	.059	.065	.059	.067
11	.059	.060	.060	.060	.059	.060	.060
12	.060	.059	.049	.059	.059	.060	.060
13	.060	.060	.059	.059	.060	.059	.060
14	.059	.060	.059	.059	.060	.059	.060
15	.059	.059	.059	.059	.059	.066	.066
16	.059	.060	.059	.059	.060	.059	.060
17	.074	.060	.060	.077	.060	.059	.077
18	.060	.059	.059	.059	.059	.060	.060
19	.059	.059	.065	.059	.059	.060	.065
20	.059	.059	.059	.059	.059	.059	.059
21	.059	.058	.059	.059	.060	.058	.060
22	.058	.058	off	.059	.059	.059	.059
23	.059	.059	.058	.059	.059	.058	.059
24	.060	.059	.059	.059	.059	.059	.060
25	.059	.059	.058	.059	.059	.060	.060
26	.059	.059	.059	.059	.059	.059	.059
27	.060	.059	.060	.059	.059	.059	.060
28	.059	.059	.059	.059	.059	.060	.060
29	.059	.059	.060	.052	.060	.059	.060
30	.058	.059	.059	.059	.059	.060	.060
31	.060	.048	.059	.059	.059	.059	.060

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
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		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
Notes:		PRINTED NAME: Jason Anderson	DATE: 5/4/24
		SIGNATURE: <i>Jason Anderson</i>	CERT #: 7030
		PHONE #: (503) 623-2175	

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-: Month/Year: May 2024

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]
1/0940	1.03	112	115	12.0	7.15	45	yes	1389.4
2/0800	1.02	112	114	11.2	7.17	45	yes	1400.7
3/0850	1.06	112	118	11.4	7.12	45	yes	1310.3
4/0845	1.09	112	122	11.8	7.15	45	yes	1301.7
5/0850	1.10	112	123	12.0	7.11	46	yes	1346.1
6/0830	1.20	112	134	11.1	7.13	46	yes	1787.4
7/0800	1.11	112	124	11.3	7.22	46	yes	1407.9
8/0800	1.06	112	119	10.6	7.14	46	yes	1792.2
9/0845	1.16	112	129	12.5	7.02	46	yes	2162.4
10/0820	1.51	112	169	13.1	6.91	40	yes	1936.6
11/0915	1.07	112	119	13.3	7.00	45	yes	1881.7
12/0815	1.09	112	122	14.2	6.98	37	yes	2184.4
13/0745	1.22	112	136	14.6	7.04	46	yes	2186.8
14/0820	1.29	112	144	14.1	6.91	38	yes	2171.3
15/0930	1.28	112	143	14.0	7.02	46	yes	2039.2
16/1100	1.33	112	149	14.6	7.08	47	yes	2181.8
17/0815	1.20	112	134	15.1	7.13	31	yes	2496.8
18/0845	1.23	112	137	14.9	7.10	46	yes	2186.5
19/0830	1.20	112	134	13.2	7.09	46	yes	2101.9
20/0850	1.24	112	138	12.3	6.99	38	yes	2098.2
21/0842	1.14	112	127	13.5	7.04	46	yes	2154.7
22/0838	1.28	112	143	13.4	7.02	46	yes	2141.8
23/0910	1.17	112	131	13.3	7.11	46	yes	1806.5
24/0900	1.28	112	143	12.7	7.14	47	yes	2085.7
25/0730	1.32	112	147	13.5	7.15	47	yes	2051.4
26/0845	1.33	112	148	13.7	7.16	47	yes	2060.7
27/0830	1.17	112	131	14.2	7.15	46	yes	2423.3
28/1030	1.19	112	133	14.2	7.06	46	yes	2607.6
29/0810	1.53	112	171	13.2	7.14	48	yes	2729.9
30/0845	1.37	112	153	13.4	7.12	47	yes	1933.6
31/0930	1.19	112	133	13.6	7.16	46	yes	2392.4

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