

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

County: Polk

Name: City of Dallas

ID #41: 00248

WTP-:

Month/Year: Aug 2024

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1	.059	.049	.083	.090	.072	.050	.090
2	.066	.078	.066	.065	.066	.066	.078
3	.066	.065	.140	.078	.084	.071	.140
4	.072	.072	.049	.065	.066	.072	.072
5	.065	.066	.072	.109	.078	.077	.109
6	.077	.067	.105	.071	.097	.115	.115
7	.089	.066	.066	.071	.086	.140	.140
8	.078	.083	.065	.067	.074	.137	.137
9	.080	.078	.072	.065	.099	.093	.099
10	.074	.065	.084	.077	.084	.108	.108
11	.093	.117	.079	.097	.097	.102	.117
12	.065	.065	.065	.065	.077	.109	.109
13	.095	.065	.067	.065	.085	.098	.098
14	.090	.083	.077	.104	.090	.093	.104
15	.065	.078	.072	.065	.084	.079	.084
16	.086	.066	.084	.065	.071	.078	.086
17	.067	.065	.064	.072	.090	.120	.120
18	.095	.136	.098	.079	.079	.140	.140
19	.078	.066	.066	.065	.074	.073	.078
20	.103	.066	.065	.065	.074	.080	.103
21	.070	.055	.071	.089	.071	.098	.098
22	.068	.066	.066	.071	.072	.077	.077
23	.066	.065	.065	.059	.059	.059	.065
24	.065	.064	.065	.116	.071	.071	.116
25	.071	.065	.065	.065	.065	.065	.071
26	.065	.065	.089	.066	.067	.065	.089
27	.066	.065	.071	.065	.066	.072	.072
28	.065	.065	.065	.077	.066	.072	.077
29	.065	.065	.099	.072	.077	.077	.099
30	.066	.066	.065	.065	.066	.072	.072
31	.071	.083	.065	.074	.065	.093	.093

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
<b>Monthly Summary</b>			
95% of the 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl <sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <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 <sup>2</sup> triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No <sup>2</sup>			
<b>Notes:</b>		<b>PRINTED NAME:</b> Jason Anderson	
		<b>SIGNATURE:</b> <i>Jason Anderson</i>	<b>DATE:</b> 9/4/24
		<b>PHONE #:</b> (503) 1623-2175	<b>CERT #:</b> 7030

<sup>1</sup> 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. <sup>2</sup> 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: 60248

WTP: Month/Year: Aug 2024

Log Requirement (Circle One): 0.5 (1.0)

Date/Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT CXT	Temp [°C]	pH	Required CT Use tables	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
11/0900	.97	112	108	20.3	7.08	22	yes	3241.5
21/0900	1.18	112	132	21.1	7.11	23	yes	3314.8
31/0900	1.28	112	143	20.8	7.10	23	yes	3354.9
41/0900	1.27	112	142	20.4	7.10	23	yes	3375.9
51/0830	1.20	112	134	20.6	7.11	23	yes	3359.4
61/0800	1.26	112	141	19.9	7.11	31	yes	3424.0
71/0930	1.31	112	147	19.6	7.18	31	yes	3213.6
81/0800	1.29	112	144	19.5	7.17	31	yes	3264.3
91/0820	1.28	112	143	19.7	7.15	31	yes	3190.3
101/0900	1.20	112	134	19.9	7.12	31	yes	3152.0
111/0930	1.12	112	125	20.6	7.22	23	yes	3118.5
121/0800	1.15	112	128	20.3	7.22	23	yes	3056.3
131/0900	1.30	112	146	18.8	7.21	31	yes	2923.3
141/0850	1.11	112	124	18.4	7.17	31	yes	3020.4
151/0810	1.31	112	147	18.8	7.24	31	yes	2980.9
161/0915	1.35	112	151	18.8	7.13	31	yes	2848.9
171/0830	1.07	112	119	19.5	7.21	30	yes	2649.2
181/0940	.84	112	94	19.2	7.19	29	yes	2180.0
191/0830	1.07	112	120	18.7	7.07	31	yes	2911.2
201/0830	1.35	112	151	18.5	7.14	31	yes	2938.8
211/0820	1.41	112	158	18.8	7.11	31	yes	2863.6
221/0940	1.30	112	145	18.5	7.15	31	yes	2561.9
231/0840	1.22	112	136	17.8	R.B.	31	yes	2420.7
241/0830	1.26	112	141	17.6	7.21	31	yes	2529.1
251/0930	1.23	112	137	17.7	7.19	31	yes	2573
261/0830	1.30	112	145	17.9	7.23	31	yes	2493.4
271/0900	1.29	112	144	18.4	7.07	31	yes	2827.8
281/0930	1.32	112	147	17.1	7.28	31	yes	2768.9
291/0930	1.31	112	146	17.4	7.16	31	yes	2892.6
301/1000	1.21	112	135	17.7	7.16	31	yes	2900.5
311/0900	1.05	112	117	16.4	7.13	31	yes	2899.8

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/L, OR CT not met, notify DWS within 24 hours.