

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

County: Polk

Name: City of Dallas

ID #41: 00248

WTP-:

Month/Year: Sept 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	.072	.077	.071	.066	.071	.080	.080
2	.067	.065	.083	.065	.066	.072	.083
3	.065	.105	.071	.055	.071	.083	.105
4	.065	.067	.105	.065	.072	.097	.097
5	.107	.065	.079	.065	.072	.080	.107
6	.072	.066	.065	.066	.065	.093	.093
7	.065	.090	.072	.065	.072	.093	.093
8	.093	.071	.055	.072	.071	.071	.093
9	.073	off	.065	.077	.084	.097	.097
10	.083	.065	.093	.065	.067	.080	.093
11	.084	.072	.083	off	.065	.086	.086
12	.086	.071	.109	.1071	.071	.065	.109
13	.064	.079	.065	.102	.071	.077	.102
14	.065	.065	.065	.071	.071	.083	.083
15	.101	.065	.067	.066	.065	.071	.101
16	.078	.065	.065	.092	.072	.1071	.092
17	.071	.055	.071	.065	.065	.071	.071
18	.067	.077	.085	.083	.084	.077	.085
19	.071	.065	.066	.065	.065	.065	.071
20	.071	.065	.048	.057	.067	.061	.067
21	.054	.054	.055	.051	.052	.054	.055
22	.055	.054	.055	.054	.054	.064	.064
23	.057	.061	.061	.055	.077	.057	.077
24	.052	.055	.055	.055	.052	.083	.083
25	.052	.052	.055	.061	.055	.055	.061
26	.095	.071	.055	.061	.055	.055	.095
27	.054	.064	.054	.052	.054	.055	.064
28	.055	.055	.055	.051	.052	.061	.061
29	.055	.055	.054	.048	.051	.051	.055
30	.055	.054	.055	.051	.048	.051	.055
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> PHONE #: (503) 623-2175 DATE: 9/11/24 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-: Month/Year: Sept 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]
1/0900	1.07	112	119	19	7.21	30	Y	2914
2/0930	1.21	112	135	18.7	7.15	31	Y	2859.9
3/0930	1.26	112	141	17.6	7.20	31	Y	2793.3
4/0930	1.16	112	130	17.9	7.11	31	Y	2792.1
5/0930	1.08	112	120	18.6	7.20	30	Y	2819.8
6/0930	1.01	112	113	19.5	7.25	30	Y	2972.7
7/0730	1.08	112	120	19.8	7.16	30	Y	3141.4
8/0930	1.02	112	114	19.8	7.11	30	Y	3212.6
9/0830	1.03	112	115	19.5	7.13	31	Y	3101.8
10/0820	1.16	112	130	18.9	7.15	31	Y	2732.6
11/0840	1.07	112	120	18.5	7.16	31	Y	2213.2
12/0810	.86	112	96	17.8	7.19	30	Y	2551.8
13/0745	1.02	112	114	17.0	7.19	31	Y	2234.9
14/0830	1.01	112	113	17.8	7.20	30	Y	2036.6
15/0915	.90	112	100	17.6	7.25	30	Y	2033.2
16/0830	.97	112	109	16.6	7.15	30	Y	2668.5
17/0840	1.14	112	128	16.3	7.18	31	Y	2243.7
18/0830	1.03	112	115	16.2	7.17	31	Y	2053.4
19/0745	.64	112	71	16.2	7.25	29	Y	2140.2
20/0915	1.21	112	113	16.5	7.14	31	Y	2235.8
21/0750	1.22	112	136	16.7	7.18	31	Y	2150.8
22/0845	1.14	112	127	16.9	7.22	31	Y	2306.8
23/0915	1.13	112	126	16.8	7.20	31	Y	2475.2
24/0820	.99	112	111	18.0	7.16	30	Y	2415.9
25/0830	.93	112	104	18.0	7.12	30	Y	2175.1
26/0900	.91	112	102	16.2	7.15	30	Y	2015.4
27/0945	.85	112	95	15.0	7.19	30	Y	1962.7
28/0850	1.05	112	117	15.8	7.22	30	Y	1818.9
29/0900	1.00	112	112	15.9	7.20	30	Y	2097.3
30/1015	1.10	112	123	14.5	7.18	46	Y	2085.1
31/								

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