

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

County: Polk

Name: CITY OF DALLAS ID #41: 00248 WTP-: Month/Year: Nov. 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	.147	.165	.217	.204	.121	.095	.217
2	.085	.083	.096	.077	.079	.077	.096
3	.089	.108	.052	.084	.128	.077	.128
4	.105	.071	.078	.077	.154	.109	.154
5	.079	.085	.077	.071	.102	.090	.102
6	.114	.115	.073	OFF	.098	.104	.115
7	.077	.083	.090	.104	.097	.104	.104
8	.098	.077	.071	.072	.071	.071	.098
9	.071	.070	.089	.077	.078	.077	.089
10	.072	.071	.077	.077	.090	.083	.090
11	.104	.084	.114	.077	.129	.077	.129
12	.077	.090	.077	.071	.071	.071	.090
13	.071	.071	.071	.072	.084	.072	.084
14	.072	.071	.084	.090	.096	.140	.140
15	.128	.092	.065	.071	.065	.065	.092
16	.066	.060	.071	.071	.071	.071	.071
17	.071	.071	.072	.071	.083	.071	.083
18	.071	.071	.071	OFF	.071	.072	.072
19	.071	.077	.148	.071	.071	.071	.148
20	.071	.072	.071	OFF	.071	.078	.078
21	.116	.071	.071	.071	.107	.071	.116
22	.071	.077	.084	.071	.070	.072	.084
23	.072	.078	.071	.115	.072	.071	.115
24	.071	.077	.071	.122	.071	.098	.122
25	.071	.110	.071	.071	.071	.072	.110
26	.071	.071	.084	.072	.071	.072	.084
27	.070	.071	.072	.071	.090	.077	.090
28	.072	.077	.089	.071	.110	.071	.110
29	.059	.078	.104	.072	.071	.070	.104
30	.071	.071	.071	.089	.072	.071	.089
31							

<b>Conventional or Direct Filtration</b> <b>Monthly Summary</b> 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 <sup>2</sup> triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No <sup>2</sup>		<b>Monthly Summary (Answer Yes or No)</b> 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	
<b>Notes:</b> _____ _____		PRINTED NAME: Jason Anderson SIGNATURE: <i>Jason Anderson</i> DATE: 12/3/2024 PHONE #: (503) 623-2175 CERT #: 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:

00248

WTP-:

Month/Year:

Nov 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>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
11/9:34	1.01	112	113	11.5	7.37	45	Y	1,552.7
21/9:30	.87	112	97	12.7	7.15	44	Y	1,549.8
31/7:30	1.45	112	162	12.7	7.07	47	Y	1596.2
41/11:15	1.30	112	145	11.0	6.94	47	Y	1607.1
51/10:00	1.23	112	137	11.0	7.18	46	Y	1375.5
61/2:00	1.20	112	134	11.8	7.15	46	Y	1871.8
71/7:30	1.45	112	162	10.7	7.16	47	Y	1604.0
81/09:45	1.24	112	138	9.7	7.16	61	Y	1317.6
91/06:45	1.15	112	128	10.1	7.15	46	Y	1322.9
101/10:15	1.16	112	129	10.5	7.18	46	Y	1322.5
111/10:20	1.18	112	132	11.0	7.20	46	Y	1327.3
121/10:00	.83	112	93	10.2	7.04	44	Y	1489.6
131/10:00	1.21	112	135	11.8	6.98	38	Y	1562.6
141/08:20	1.21	112	135	11.0	6.89	38	Y	1561.4
151/09:00	1.26	112	141	11.2	6.88	38	Y	1352.9
161/09:30	1.30	112	145	10.7	6.99	39	Y	1354.0
171/10:00	1.17	112	131	10.3	7.13	46	Y	1353.6
181/9:10	1.53	112	171	9.7	6.89	53	Y	1554.4
191/9:20	1.53	112	171	9.2	7.01	61	Y	1528.8
201/9:15	1.30	112	145	9.4	7.04	61	Y	1758.8
211/9:26	1.23	112	137	9.1	6.91	51	Y	1754.1
221/9:20	1.39	112	155	9.5	6.93	53	Y	1400.2
231/9:25	1.22	112	136	9.7	6.92	51	Y	1469.2
241/9:15	1.18	112	132	9.7	6.95	54	Y	1478.5
251/10:15	1.21	112	135	9.7	6.82	51	Y	1476.5
261/08:45	1.15	112	128	9.9	6.94	51	Y	1437.2
271/09:15	1.19	112	133	9.2	7.19	61	Y	1443.0
281/09:00	1.40	112	156	9.2	7.22	62	Y	1477.9
291/09:30	1.38	112	154	9.9	7.21	62	Y	1186.9
301/10:15	1.41	112	157	8.5	7.04	62	Y	1194.1
31/								

<sup>3</sup> If Cl<sub>2</sub> 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](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf)

**Return by 10<sup>th</sup> 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