

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

County: Polk

Name: CITY OF DALLAS ID #41: 00248 WTP-: Month/Year: DEC 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	.071	.071	.071	.071	.071	.071	.071
2	.077	.076	.078	.072	.071	.098	.098
3	.071	.071	.084	.081	.070	.070	.084
4	.071	.079	.071	.108	.071	.077	.108
5	.071	.071	.071	.071	.071	.066	.071
6	.084	.077	.077	.071	.089	.071	.089
7	.153	.071	.127	.083	.148	.077	.153
8	.114	.071	.071	.072	.060	.083	.114
9	.077	.077	.071	.071	.071	.071	.077
10	.071	.083	.077	.072	.071	.071	.083
11	.071	.091	.071	.121	.071	.098	.121
12	.077	.208	.108	.085	.066	.071	.208
13	.089	.071	.072	.071	.133	.120	.133
14	.120	.116	.053	.072	.116	.071	.120
15	.072	.065	.066	.065	.065	.071	.071
16	.071	.065	.071	.071	.065	.065	.072
17	.065	.077	.071	.066	.065	.071	.077
18	.071	.085	.078	.098	.073	.071	.098
19	.065	.083	.065	.065	.065	.065	.083
20	.072	.071	.065	.065	.065	.065	.072
21	.065	.065	.078	.065	.065	.065	.078
22	.071	.065	.065	.064	.054	.071	.071
23	.085	.065	.066	.065	.065	.065	.085
24	.065	.071	.071	.065	.065	.065	.071
25	.065	.065	.065	.102	.071	.066	.102
26	.065	.077	.064	.092	.071	.134	.134
27	.072	.104	.071	.077	.071	.090	.104
28	.089	.122	.078	.071	.065	.066	.122
29	.065	.072	.071	.090	.071	.117	.117
30	.065	.089	.065	.071	.071	.071	.089
31	.071	.072	.071	.065	.065	.072	.072

Conventional or Direct Filtration Monthly Summary 95% of the 4-hour turbidity readings ≤ 0.3 NTU? Yes/No All the 4-hour turbidity readings ≤ 1 NTU? Yes/No All turbidity readings < IFE ² triggers? Yes/No ²	Monthly Summary (Answer Yes or No) CT's met everyday? (see back) Yes/No All Cl ₂ residuals at entry point ≥ 0.2 mg/l? Yes/No	
	PRINTED NAME: Jason Anderson SIGNATURE: <i>Jason Anderson</i> PHONE #: (503) 623-2175 DATE: 1/3/2025 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:** **12/2024** 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]
1/0945	1.43	112	160	8.5	7.08	62	Y	1214.5
2/1000	1.50	112	168	7.0	7.18	64	Y	1186.6
3/0945	1.47	112	164	6.7	7.00	62	Y	1487.0
4/0915	1.39	112	155	6.6	7.25	62	Y	1400.2
5/0800	1.14	112	127	6.9	7.17	61	Y	1385.6
6/0920	1.27	112	142	6.3	7.25	61	Y	1392.3
7/0925	1.17	112	131	6.7	7.19	61	Y	1391.3
8/0940	1.21	112	135	7.1	7.19	61	Y	1397.6
9/0830	.99	112	110	7.0	7.29	60	Y	1403.5
10/0918	1.20	112	134	7.4	7.26	61	Y	1387.1
11/0940	1.13	112	127	8.2	7.14	61	Y	1399.6
12/0800	1.31	112	147	6.9	7.22	62	Y	1391.6
13/0820	1.19	112	133	7.4	7.18	61	Y	1390.3
14/1030	1.19	112	133	7.4	7.26	61	Y	1401.6
15/1005	1.15	112	128	7.7	7.23	61	Y	1406.3
16/0800	1.16	112	129	7.4	7.10	61	Y	1939.9
17/0810	1.35	112	151	8.6	7.05	62	Y	1943.1
18/0900	1.14	112	128	8.6	7.04	61	Y	1661.7
19/0800	1.37	112	153	9.3	6.98	62	Y	1654.3
20/0940	1.22	112	136	9.4	6.81	51	Y	1560.4
21/0930	1.27	112	142	9.9	7.05	61	Y	1585.1
22/0900	1.21	112	135	9.5	7.15	61	Y	1577.7
23/0900	1.31	112	147	9.2	7.05	62	Y	1740.5
24/0830	1.27	112	142	10.2	7.10	47	Y	1543.8
25/0830	1.30	112	145	10.0	7.22	47	Y	1513.9
26/0830	1.30	112	147	9.6	7.03	61	Y	1516.7
27/0750	1.02	112	114	9.6	7.02	60	Y	1467.0
28/0900	1.10	112	123	9.8	7.07	61	Y	1334.4
29/0915	1.26	112	141	10.0	7.11	61	Y	1410.4
30/0820	1.29	112	145	9.2	7.25	62	Y	1401.9
31/0825	1.35	112	151	9.6	7.02	62	Y	1531.0

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