

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

County: *Pollak*

Name: *City of Dallas*

ID #41: *00248* WTP-:

Month/Year: *Feb 25*

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	.067	.066	.066	.110	.067	.066	.110
2	.065	.066	.097	.067	.071	.066	.097
3	.066	.067	.066	.060	.065	.065	.067
4	.065	.065	.071	.084	.066	.066	.084
5	.066	.066	.101	.064	.065	.066	.101
6	.066	.072	.066	.066	.072	.066	.072
7	.065	.065	.065	.072	.065	.065	.072
8	.066	.067	.091	.066	.066	.064	.091
9	.060	.065	.066	.066	.066	.066	.066
10	.066	.066	.066	.070	.060	.065	.070
11	.060	.066	.072	.066	.064	.066	.072
12	.066	.064	.064	.065	.065	.064	.066
13	.065	.065	.064	.072	.067	.065	.072
14	.064	.064	.064	.065	.064	.065	.065
15	.066	.065	.067	.065	.064	.065	.067
16	.065	.065	.066	.096	.066	.073	.096
17	.067	.066	.101	.077	.090	.159	.159
18	.073	.085	.073	off	.061	.083	.085
19	.060	.065	.067	.072	.066	.067	.072
20	.092	.061	.061	.061	.060	.061	.092
21	.060	.064	.060	.067	.061	.061	.067
22	.060	.060	.060	.060	.065	.061	.065
23	.061	.060	.139	.066	.060	.060	.139
24	.060	.079	.091	.067	.060	.066	.091
25	off	.079	.103	.067	.060	.064	.103
26	.060	.066	.060	.071	.067	.103	.103
27	.066	.061	.060	.060	.060	.061	.061
28	.066	.060	.066	.066	.060	.060	.066
29							
30							
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: <i>Jason Anderson</i> SIGNATURE: <i>Jason Anderson</i> DATE: <i>3/3/25</i> PHONE #: <i>(503) 623-2175</i> CERT #: <i>7030</i>	

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: Feb. 2025

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]
1/845	1.09	112	122	5.7	7.24	60	Y	1563.1
2/1030	1.10	112	123	5.6	7.18	60	Y	1418.4
3/0830	1.16	112	130	5.9	7.22	61	Y	1413.7
4/0820	1.03	112	115	5.3	7.16	60	Y	1403.8
5/0945	1.22	112	137	5.8	7.21	62	Y	1403.0
6/0945	1.20	112	135	5.6	7.16	61	Y	1397.9
7/0915	1.13	112	126	5.8	7.13	61	Y	1546.9
8/0910	1.05	112	117	5.5	7.18	60	Y	1557.2
9/0930	1.15	112	128	5.2	7.25	61	Y	1523.4
10/1100	1.1	112	123	5.3	7.1	61	Y	1419.3
11/10900	1.1	112	123	5.1	7.06	61	Y	1406.8
12/10930	1.08	112	120	4.3	7.29	84	Y	1540.0
13/10845	1.20	112	134	4.5	7.23	86	Y	1551.4
14/1100	1.26	112	141	5.7	7.10	61	Y	1526.6
15/1115	1.18	112	132	5.4	6.91	76	Y	1390.2
16/1150	1.03	112	115	5.1	7.27	61	Y	1456.3
17/1145	0.95	112	106	5.5	7.39	60	Y	1625.2
18/10845	1.25	112	140	6.2	7.17	62	Y	1723.5
19/10830	1.41	112	156	7.1	7.16	64	Y	1729.8
20/10805	1.49	112	167	7.0	7.07	64	Y	1729.5
21/10815	1.26	112	141	7.2	7.23	62	Y	1353.1
22/1100	1.24	112	138	7.7	7.23	61	Y	1362.8
23/1100	1.14	112	127	8.5	7.19	61	Y	1598.9
24/10845	1.10	112	142	8.4	7.09	61	Y	1579.5
25/10825	1.21	112	136	8.4	7.03	61	Y	1464.6
26/10830	1.29	112	144	8.2	6.97	51	Y	1575.7
27/10745	1.26	112	141	8.5	6.99	51	Y	1556.2
28/10730	1.24	112	138	8.6	7.09	61	Y	1420.2
29/								
30/								
31/								

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