

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

County: Polk

Name: City of Dallas

ID #41: 00248

WTP: _____

Month/Year: March 2025

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	.060	.060	.061	.060	.065	.060	.065
2	.060	.060	.061	.060	.061	.060	.066
3	.061	.066	.060	.073	.060	.070	.073
4	.060	.060	off	off	.060	.060	.060
5	.060	.060	.066	off	.060	.077	.077
6	.060	.060	.060	.061	.083	.067	.083
7	.060	.061	.060	.061	.060	.060	.061
8	.060	.065	.064	.079	.066	.060	.079
9	.060	.060	.072	.061	.060	.061	.072
10	.060	.067	.061	off	off	.060	.067
11	.061	.060	.061	off	.060	.065	.065
12	.060	.060	.060	.061	.060	.060	.061
13	.060	.090	.066	.060	.067	.067	.090
14	.060	.060	off	off	.060	.060	.060
15	.065	.064	.084	.060	.066	.065	.084
16	.065	.083	.096	.108	.066	.065	.108
17	.060	.061	.065	.066	.067	.067	.067
18	.066	.066	.060	.067	.061	.060	.067
19	.060	.060	.066	.066	.060	.061	.066
20	.060	.078	.060	.060	.065	.066	.078
21	.072	.066	.077	.060	.084	.083	.084
22	.108	.085	.066	.067	.077	.079	.108
23	.096	.104	.066	.061	.061	.061	.104
24	.064	.066	.073	.079	.067	.060	.079
25	.060	.061	.065	.064	.082	.067	.082
26	.098	.062	.077	.061	.061	.061	.098
27	.065	.067	.073	.060	.061	.060	.073
28	.061	.061	.067	.071	.073	.066	.073
29	.061	.061	.070	.085	.083	.117	.117
30	.104	.079	.060	.071	.065	.071	.104
31	.077	.096	.079	.059	.061	.061	.096

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
Monthly Summary			
95% of the 4-hour turbidity readings ≤ 0.3 NTU?	Yes/No	CT's met everyday? (see back)	All Cl ₂ residuals at entry point ≥ 0.2 mg/l?
All the 4-hour turbidity readings ≤ 1 NTU?	Yes/No	Yes/No	Yes/No
All turbidity readings < IFE ² triggers?	Yes/No ²		
Notes:		PRINTED NAME: <u>Jason Anderson</u> SIGNATURE: <u>Jason Anderson</u> DATE: <u>4/1/25</u> PHONE #: <u>(503) 623-2175</u> CERT #: <u>7030</u>	

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

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ID #41: 00248

WTP-: Month/Year: March 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]
1/930	.94	112	105	8.5	7.22	60	Y	1471.3
2/1030	1.22	112	136	9.1	7.24	61	Y	1577.0
3/0745	1.29	112	144	8.9	7.08	61	Y	1725.8
4/0730	1.31	112	146	9.2	7.13	61	Y	1718.6
5/0815	1.30	112	145	8.8	7.12	61	Y	1716.6
6/0750	1.13	112	123	8.3	7.27	61	Y	1506.3
7/0830	1.10	112	126	8.1	7.41	60	Y	1514.5
8/0840	1.08	112	120	8.1	7.35	60	Y	1519.1
9/0900	1.17	112	131	8.7	7.43	61	Y	1527.1
10/0830	1.14	112	127	8.6	7.25	61	Y	1998.8
11/0810	1.11	112	124	8.7	7.25	61	Y	2381.1
12/0805	1.24	112	139	8.8	7.26	62	Y	1801.9
13/0830	1.23	112	138	9.0	7.28	62	Y	1566.3
14/0750	1.16	112	130	8.7	7.24	61	Y	1627.1
15/0910	1.07	112	119	8.0	7.32	60	Y	1641.1
16/0948	1.03	112	115	8.2	7.20	60	Y	1645.9
17/0825	1.03	112	115	8.2	7.16	60	Y	1313.4
18/0925	1.13	112	127	8.6	7.10	61	Y	1549.5
19/0900	1.13	112	126	8.3	7.11	61	Y	1548.6
20/0745	1.17	112	131	8.3	7.17	61	Y	1541.9
21/0830	1.14	112	128	8.0	7.25	61	Y	1414.0
22/0920	1.11	112	124	8.5	7.25	61	Y	1408.4
23/0910	1.12	112	125	9.4	7.27	61	Y	1532.8
24/0825	1.20	112	134	9.9	7.13	61	Y	1543.1
25/0755	1.19	112	133	10.1	7.21	46	Y	1506.8
26/0825	1.14	112	127	10.8	7.02	46	Y	1557.6
27/0830	1.25	112	140	10.6	7.23	47	Y	1560.2
28/0750	1.23	112	138	10.3	7.23	47	Y	1420.3
29/0930	.93	112	104	10	7.22	100	Y	1452.2
30/1045	1.12	112	125	9.5	7.27	60	Y	1455.4
31/0945	1.12	112	125	9.9	7.08	61	Y	1422.6

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