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

County: Polk

Name: City of Dallas ID #41: 00248 WTP-: Month/Year: April 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	.065	.071	.083	.078	.079	.083
2	.067	.060	.061	.065	.071	.065	.071
3	.076	.072	.079	.061	.061	.061	.079
4	.061	.065	.065	.067	.058	.060	.067
5	.060	.060	.060	.061	.060	.061	.061
6	.067	.061	.060	.060	.060	.061	.067
7	.061	.073	.067	.098	.060	.061	.098
8	.060	.060	.065	.071	.073	.085	.085
9	.060	.061	.065	.077	.077	.083	.083
10	.104	.111	.067	.060	.064	.061	.111
11	.072	.072	.078	.074	.085	.061	.085
12	.061	.060	.061	.061	.065	.066	.066
13	.059	.061	.060	.061	.060	.061	.061
14	.065	.065	.067	.060	.060	.061	.067
15	.061	.061	.065	.083	.067	.063	.083
16	.061	.077	off	off	.061	.061	.077
17	.060	.060	.060	.067	.060	.073	.073
18	.060	.061	.061	.060	.061	.061	.061
19	.061	.060	.060	.060	.073	.061	.073
20	.065	.067	.067	.061	.061	.061	.067
21	.061	.060	.060	.068	.073	.061	.073
22	.060	.061	.060	.066	.067	.066	.067
23	.073	.060	.061	.061	.061	.066	.073
24	.065	.070	.073	.061	.061	.061	.073
25	.061	.061	.061	.061	.067	.086	.086
26	.061	.061	.061	.061	.067	.067	.067
27	.079	.059	.061	.060	.061	.066	.079
28	.065	.070	.085	.079	.060	.060	.085
29	.061	off	.065	.065	.084	.074	.084
30	.067	.061	.060	.065	.071	.071	.071
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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)	All Cl_2 residuals at entry point ≥ 0.2 mg/l?
Yes / No	Yes / No

Notes:

PRINTED NAME: Jason Anderson

SIGNATURE: Jason Anderson DATE: 5/1/25

PHONE #: (503) 623-2175 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: April 2025 | Log Requirement (Circle One): 0.5 (1.0)

Date / Time	Minimum Cl_2 Residual at 1st 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 / 0810	1.26	112	141	10.1	7.10	47	Y	1558.7
2 / 0730	1.17	112	131	9.5	7.20	61	Y	1676.1
3 / 0750	1.29	112	144	9.5	7.20	62	Y	1580.1
4 / 900	1.21	112	135	10.5	7.19	46	Y	1492.7
5 / 830	1.19	112	133	9.5	7.21	61	Y	1489.2
6 / 900	1.14	112	127	10.8	7.23	54	Y	1506.1
7 / 0831	1.21	112	136	10.4	7.17	46	Y	1482.3
8 / 0820	1.30	112	146	10.7	7.15	47	Y	1425.9
9 / 0835	1.20	112	134	10.4	7.15	46	Y	1431.4
10 / 0945	1.13	112	126	10.3	7.11	46	Y	1485.5
11 / 0845	1.17	112	131	10.5	7.22	46	Y	1499.8
12 / 0915	1.24	112	129	10.3	7.32	46	Y	1627.8
13 / 0916	1.22	112	136	10.3	7.29	46	Y	1754.3
14 / 0855	1.16	112	129	10.9	7.08	46	Y	1743.9
15 / 0820	1.28	112	143	10.9	7.27	47	Y	1744.9
16 / 1500	1.25	112	140	11.6	7.35	47	Y	1886.6
17 / 0750	1.25	112	140	11.4	7.28	47	Y	1872.4
18 / 0755	1.18	112	132	11.3	7.20	46	Y	1634.8
19 / 0915	1.23	112	137	11.8	7.27	46	Y	1630.8
20 / 0925	1.19	112	133	11.7	7.26	46	Y	1621.9
21 / 0830	1.17	112	131	11.3	7.24	46	Y	1605.0
22 / 0840	1.11	112	124	11.3	7.28	46	Y	1636.6
23 / 0745	1.10	112	123	11.4	7.26	46	Y	1669.3
24 / 0840	1.08	112	120	11.7	7.25	45	Y	1669.5
25 / 0750	1.09	112	122	12.3	7.19	45	Y	1770.3
26 / 1040	1.09	112	122	12.6	7.36	46	Y	1908.6
27 / 1020	1.10	112	123	12.3	7.47	45	Y	1956.0
28 / 0850	1.18	112	132	12.0	7.12	46	Y	1940.3
29 / 0800	1.17	112	131	11.9	7.14	46	Y	1908.9
30 / 0740	1.18	112	132	12.3	7.25	46	Y	1713.8
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[3] If Cl_2 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