

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

County: Polk

Name: City of Dallas

ID #41: 00248

WTP: Dallas

Month/Year: Nov 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	.077	.079	.064	.073	.060	.061	.079
2	.084	.067	.073	.073	.073	.079	.084
3	.073	.115	.073	.073	.085	.085	.115
4	.092	.070	off	off	.160	.071	.160
5	.083	.073	.061	.060	off	off	.148
6	off	off	off	off	.634	.189	.634
7	.158	.127	.085	.072	.073	.067	.158
8	.073	.127	.079	.070	.070	.073	.127
9	.110	.073	.072	.089	off	.116	.116
10	.073	.073	.073	.066	.073	.096	.096
11	.071	.079	.079	.073	.066	.073	.079
12	.067	.073	.066	.073	.066	.110	.110
13	.067	.068	.077	.071	.070	.073	.077
14	.073	.067	.067	.067	.071	.073	.073
15	.092	.073	off	.078	.067	.067	.092
16	.067	.067	.067	.074	off	.085	.085
17	.071	.064	.070	.067	.067	.067	.071
18	.067	.067	.079	.066	.073	.061	.079
19	.071	.097	.066	.066	.072	.073	.097
20	.115	.071	.066	.073	.066	.064	.115
21	.066	.072	.077	.071	.071	.060	.110
22	.066	.110	.072	.066	.071	.066	.077
23	.071	.066	.066	.072	.073	.072	.073
24	.071	.066	.110	.066	.066	.073	.110
25	.073	.072	.077	.070	.070	.070	.077
26	.066	.078	off	.079	.072	.071	.079
27	.071	.072	.071	.110	.079	.072	.110
28	.078	.077	.077	.109	.079	.116	.116
29	.072	.072	.072	.108	.83	.077	.108
30	.071	.104	off	.079	off	.079	.104
31							

Conventional or Direct Filtration Monthly Summary 95% of the 4-hour turbidity readings ≤ 0.3 NTU? <u>Yes / No</u> All the 4-hour turbidity readings ≤ 1 NTU? <u>Yes / No</u> All turbidity readings < IFE ² triggers? <u>Yes / No</u> Notes:		Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <u>Yes / No</u> All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <u>Yes / No</u>	
		PRINTED NAME: <u>Jason Anderson</u>	
		SIGNATURE: <u>Jason Anderson</u>	DATE: <u>12/2/25</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 = Indiv. Filter Eff. (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:

00242

WTP-:

Dallas

Month/Year:

Nov 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]
1/0945	1.49	112	166	11.7	7.05	47	Y	1537.0
2/10:00	1.80	112	201	11.4	7.01	49	Y	1455.3
3/10840	1.66	112	186	11.8	6.85	41	Y	1693.2
4/10800	1.80	112	201	12.4	6.91	41	Y	1919.7
5/6930	1.95	112	218	12.1	6.87	41	Y	2277.7
6/1000	1.81	112	202	11.8	6.86	41	Y	2245.2
7/10830	1.17	112	131	12.2	6.89	46	Y	2013.2
8/8:56	1.41	112	157	11.1	6.82	39	Y	1774.5
9/10750	1.46	112	163	10.9	6.85	39	Y	1505.6
10/10845	1.45	112	162	11.6	6.82	39	Y	1508.1
11/9:29	1.33	112	148	11.5	6.90	39	Y	1288.7
12/10830	1.33	112	148	11.9	6.97	39	Y	1615.3
13/1400	1.43	112	160	12.8	7.09	48	Y	1616.2
14/10830	1.34	112	150	12.3	6.97	39	Y	1481.9
15/10735	1.46	112	164	12.4	7.04	48	Y	1285.3
16/10940	1.50	112	168	12.7	6.98	40	Y	1301.1
17/10835	1.34	112	150	12.9	7.08	47	Y	2030.3
18/10730	1.62	112	181	11.2	6.99	40	Y	1575.8
19/10820	1.42	112	159	10.7	6.99	40	Y	1790.8
20/10750	1.43	112	160	10.9	7.01	48	Y	1266.5
21/10830	1.46	112	163	10.9	6.98	39	Y	1389.6
22/1050	1.36	112	152	9.7	7.00	52	Y	1387.0
23/1030	1.42	112	159	10.1	6.98	39	Y	1387.0
24/10820	1.45	112	162	10.1	6.93	39	Y	1391.8
25/10815	1.36	112	152	10.1	7.07	47	Y	1415.0
26/10800	1.48	112	165	10.7	7.04	47	Y	1407.1
27/915	1.24	112	138	9.8	7.08	61	Y	1437.7
28/10930	1.24	112	138	10.4	7.08	46	Y	1401.4
29/10950	1.17	112	131	10.4	7.02	46	Y	1409.9
30/10940	1.16	112	130	10.8	6.99	38	Y	1405.1
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