

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

County: Polk

Name: City of Dallas OR ID #41: 00248 WTP-: Month/Year: Feb 2026

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	.082	.083	off	.083	.082	.083	.083
2	.116	.082	.083	.083	.083	.083	.083
3	.089	.083	.082	.082	.083	.083	.089
4	.083	.083	.083	.082	.085	.083	.085
5	.044	.083	.083	.083	.082	.096	.096
6	.083	.083	.083	.083	.089	.089	.089
7	.089	.083	.089	.083	.082	.083	.089
8	.083	.082	.083	.066	.108	.083	.108
9	.129	.089	.096	.083	.083	.082	.129
10	.083	.083	.083	.083	.102	.102	.102
11	.089	.083	.083	.082	.083	.083	.089
12	.083	.083	.082	.085	.083	.083	.085
13	.083	.072	.101	.088	.096	.089	.101
14	.089	.088	.089	.082	.088	.083	.089
15	.104	.089	off	.088	.083	.078	.104
16	.102	.089	.089	.083	.083	.089	.102
17	.083	.083	.082	.151	.103	.089	.151
18	off	.083	.082	.089	.096	.095	.096
19	.089	.089	.095	.083	.102	.05	.102
20	.083	.166	.083	.083	.091	.089	.166
21	.083	.082	.114	.102	.089	.096	.114
22	.082	.239	.083	.083	.101	.083	.239
23	.083	.083	.082	.096	.083	.083	.083
24	.088	.082	.082	.083	.082	.095	.095
25	.083	.083	.116	off	.097	.083	.116
26	.083	.083	.082	off	.089	.083	.089
27	.096	.089	.083	.083	.083	.235	.235
28	.083	.089	.083	.083	.083	.00	.089
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
Notes:	PRINTED NAME: Jake Dyer	
	SIGNATURE: <i>Jake Dyer</i>	DATE: 3/3/2026
	PHONE #: (503) 1931-4187	CERT #: T-08725 FE

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 Eff. (OAR 333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form - Giardia Inactivation

Name: City of DAUNS OR

ID #41: CO248

WTP: ()

Month/Year: Feb 2022

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]
1/11/15	1.10	112	123	7.4	6.98	51	Y	1545.2
2/10/840	1.51	112	169	8.0	7.11	64	Y	1525.0
3/10/800	1.48	112	165	7.9	7.16	62	Y	1501.8
4/10/740	1.36	112	152	8.1	7.17	62	Y	1511.7
5/10/755	1.36	112	152	7.9	7.17	62	Y	1780.9
6/10/818	1.34	112	150	7.7	7.20	62	Y	1400.8
7/10/416	1.09	112	122	7.4	7.22	60	Y	1404.9
8/10/614	1.28	112	143	8.0	7.16	61	Y	1457.9
9/11/40	1.31	112	145	8.8	7.12	64	Y	1456.6
10/10/840	1.17	112	131	8.7	7.15	61	Y	1446.1
11/10/905	1.40	112	156	8.4	7.18	62	Y	1442.9
12/10/800	1.38	112	154	8.3	7.09	62	Y	1453.6
13/10/750	1.57	112	175	8.1	7.11	64	Y	1451.3
14/10/830	1.53	112	171	8.7	7.22	64	Y	1444.7
15/10/830	1.39	112	156	9.6	7.20	62	Y	1426.6
16/1	1.48	112	166	9.2	7.15	62	Y	1425.2
17/10/745	1.60	112	179	8.0	6.87	53	Y	1421.6
18/10/745	1.56	112	174	7.3	7.02	64	Y	1384.1
19/10/725	1.38	112	154	7.9	6.96	52	Y	14106.7
20/10/740	1.46	112	163	7.5	6.98	52	Y	1394.7
21/1900	1.34	112	150	7.1	7.17	62	Y	1389.5
22/1815	.78	112	97	7.6	7.04	58	Y	1417.6
23/10/830	1.32	112	147	8.5	6.96	52	Y	14183.1
24/10/800	1.74	112	194	9.2	6.95	54	Y	17241
25/10/745	1.58	112	176	8.3	6.89	53	Y	1616.9
26/10/750	1.53	112	171	8.9	6.96	53	Y	1862.0
27/10/800	1.72	112	192	7.8	6.87	53	Y	1906.9
28/10/40	1.43	112	160	8.0	6.95	52	Y	1616.0
29/1								
30/1								
31/1								

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