

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

County: Polk


Name: City of Dallas

ID #41: 00248

WTP-:

Month/Year: March 2021

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1	.059	.055	.055	.058	.060	.054	.060
2	.060	.058	.059	.060	.059	.055	.060
3	.055	.055	.054	.055	.079	.060	.079
4	.060	.055	.059	.059	.059	.060	.060
5	.060	.060	.059	.059	.054	.060	.060
6	.056	.060	.054	.059	.053	.059	.060
7	.055	.058	.060	.060	.058	.054	.060
8	.060	.059	.085	.055	.059	.060	.085
9	.055	.056	.055	.055	.059	.055	.059
10	.059	.053	.060	.050	.064	.049	.064
11	.050	.050	.050	.050	.051	.045	.051
12	.045	.049	.045	.049	.055	.050	.055
13	.049	.050	.050	.051	.049	.050	.051
14	.045	.048	.050	.050	.051	.051	.051
15	.050	.049	.05	.050	.049	.051	.051
16	.050	.049	.050	.054	.050	.051	.054
17	.049	.048	.054	.049	.049	.049	.054
18	.050	.049	.050	.055	.049	.050	.055
19	.049	.050	.059	.049	.049	.055	.059
20	.049	.050	.049	.049	.046	.049	.050
21	.049	.050	.050	.045	.049	.048	.050
22	.050	.050	.045	.050	.049	.048	.050
23	.050	.044	.050	.050	.049	.049	.050
24	.049	.049	.049	.050	.049	.045	.050
25	.050	.049	.050	.050	.050	.049	.050
26	.044	.050	.050	.050	.055	.054	.055
27	.050	.056	.054	.053	.055	.053	.056
28	.050	.055	.055	.055	.055	.054	.055
29	.054	.055	.050	.055	.055	.055	.055
30	.070	.050	.054	.055	.054	.054	.070
31	.055	.049	.055	.055	.054	.056	.056

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
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 <sup>2</sup> triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No <sup>2</sup>		CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All Cl <sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
Notes:		PRINTED NAME: Dennis Schlegel SIGNATURE:  DATE: 4/1/21 PHONE #: (503) 1623-2175 CERT #: 7023	

<sup>1</sup> 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.  
<sup>2</sup> 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 Dallas

ID #41: 60218

WTP: Month/Year: March 2021

Log Requirement (Circle One): 0.5 (1.0)

Date/Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/0820	1.44	112	161	7.8	7.13	62	yes	1240.4
2/0805	1.36	112	152	8.0	7.17	62	yes	1210.5
3/0830	1.33	112	148	8.3	7.19	62	yes	1206.5
4/0745	1.32	112	147	7.9	7.21	62	yes	1234.3
5/0807	1.38	112	154	8.9	7.21	62	yes	1231.8
6/0850	1.32	112	147	9.2	7.19	62	yes	1228.8
7/0905	1.46	112	163	9.7	7.17	62	yes	1228.7
8/0805	1.40	112	156	7.9	7.24	62	yes	1208.4
9/0800	1.29	112	144	8.1	7.22	62	yes	1231.1
10/0805	1.25	112	140	8.1	7.23	62	yes	1225.6
11/0825	1.21	112	135	8.1	7.19	62	yes	1229.2
12/0810	1.28	112	143	7.9	7.22	62	yes	1284.6
13/0725	1.15	112	128	8.5	7.22	61	yes	1259.3
14/0740	1.22	112	136	9.1	7.19	61	yes	1326.5
15/0825	1.20	112	134	7.9	7.19	61	yes	1229.5
16/0810	1.30	112	145	7.4	7.26	62	yes	1199.7
17/0805	1.28	112	143	7.4	7.30	62	yes	1164.7
18/0750	1.20	112	134	7.5	7.26	61	yes	1212.7
19/0800	1.27	112	142	8.5	7.19	62	yes	1216
20/1930	1.22	112	137	8.7	7.25	61	yes	1212.6
21/1000	1.17	112	131	9.2	7.25	61	yes	1234.1
22/0855	1.32	112	147	9.5	7.20	62	yes	1238.6
23/0810	1.33	112	148	8.3	7.21	62	yes	1274.1
24/0820	1.30	112	145	9.5	7.11	62	yes	1270.9
25/0807	1.24	112	138	8.5	7.26	61	yes	1218.6
26/0805	1.18	112	132	8.2	7.25	61	yes	1217.1
27/0900	1.10	112	123	9.5	7.19	60	yes	1212.8
28/0931	1.12	112	125	9.4	7.09	61	yes	1215.8
29/0830	1.10	112	123	8.9	7.17	60	yes	1223.6
30/0820	1.18	112	132	8.6	7.22	61	yes	1278.1
31/0750	1.14	112	127	8.3	7.18	60	yes	1229.6

<sup>3</sup>If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours.