

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

County: Polk

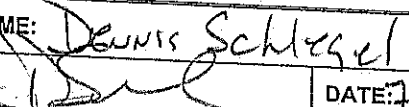
Name: City of Dallas

ID #41: 00248

WTP: _____

Month/Year: June 2021

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	.052	.052	.052	.051	.051	.056	.056
2	.051	.051	.051	.052	.052	.052	.052
3	.052	.051	.052	.047	.046	.051	.052
4	.051	.050	.051	.052	.052	.052	.052
5	.052	.051	.052	.051	.052	.051	.052
6	.051	.051	.052	.051	.055	.052	.055
7	.051	.051	.054	.051	.051	.051	.054
8	.056	.056	.056	.051	.054	.051	.056
9	.051	.051	.055	.055	.055	.051	.055
10	.057	.050	.050	.054	.056	.054	.057
11	.055	.055	.050	.050	.050	.050	.055
12	.056	.056	.056	.055	.055	.055	.056
13	.056	.056	.056	.056	.057	.055	.057
14	.055	.056	.051	.052	.061	.051	.061
15	0.051	.051	.051	.051	.056	.051	.056
16	.050	.051	.050	.050	.052	.051	.052
17	.051	.051	.051	.052	.051	.051	.052
18	.051	.051	.051	.056	.052	.052	.056
19	.052	.051	.050	.050	.051	.052	.052
20	.052	.051	.052	.050	.053	.052	.053
21	.052	.051	.051	.051	.052	.051	.052
22	.052	.051	.051	.052	.051	.052	.052
23	.051	.051	.052	.051	.052	.051	.052
24	.052	.052	.051	.055	.051	.051	.053
25	.053	.052	.051	.052	.052	.047	.053
26	.045	.050	.053	.052	.052	.051	.053
27	.047	.047	.047	.051	.048	.048	.053
28	.047	.047	.047	.053	.063	.062	.053
29	.042	.052	.052	.052	.053	.052	.053
30	.051	.052	.061	.071	.057	.055	.071
31							

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 ² triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No ²		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: Dennis Schlegel SIGNATURE:  DATE: 7/01/21	PHONE #: 803 623-2175 CERT #: 7023

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 #: 00248

WTP: Month/Year: Jun 2021

Log Requirement (Circle One): 0.5 1.0

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ^a	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/0820	1.18	112	132	18.2	7.14	31	yes	2864.6
2/0740	1.13	112	126	19.0	7.15	31	yes	3255.5
3/0730	1.21	112	135	19.4	7.27	31	yes	3255.3
4/0820	1.31	112	146	18.1	7.13	31	yes	3005.4
5/0820	1.21	112	135	17.0	7.25	31	yes	2845.6
6/0735	1.24	112	138	15.8	7.20	31	yes	2441.1
7/0810	1.35	112	151	14.4	7.25	47	yes	2416.6
8/0825	1.22	112	136	14.5	7.15	46	yes	2302.3
9/0830	.99	112	110	14.8	7.20	45	yes	2123.7
10/0810	1.20	112	134	15.0	7.21	31	yes	2102.7
11/0750	1.13	112	126	14.2	7.20	46	yes	1526.6
12/0810	1.30	112	145	13.7	7.24	47	yes	1585.9
13/0715	1.10	112	123	16.1	7.13	31	yes	2060.3
14/0810	.87	112	97	15.6	7.05	29	yes	2032.1
15/0750	.92	112	103	16.2	7.14	30	yes	2033.4
16/0755	1.07	112	119	16.1	7.12	30	yes	2101.1
17/0745	1.10	112	123	16.8	7.16	31	yes	2500.3
18/0740	1.10	112	123	17.8	7.15	31	yes	3057.9
19/1100	1.38	112	155	18.1	7.23	31	yes	3053.5
20/1000	1.21	112	136	19.4	7.34	31	yes	2927.8
21/0820	1.20	112	134	19.4	7.07	31	yes	2982.4
22/0800	1.05	112	117	20.6	7.15	22	yes	2968.3
23/0745	1.01	112	113	20.2	7.27	22	yes	3027.0
24/0940	1.14	112	127	20.2	7.16	23	yes	3100.3
25/0815	.93	112	104	20.4	7.16	22	yes	3090.9
26/0900	1.10	112	123	21.6	7.24	23	yes	3111.6
27/0800	1.01	112	113	22.7	7.24	23	yes	3428.5
28/0840	1.05	112	117	23.7	7.37	23	yes	3611.3
29/0900	.94	112	105	23.6	7.13	22	yes	3521.1
30/0910	1.05	112	117	22.0	7.17	22	yes	3715.7
31/								

^a If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours.