

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

County: Polk

Name: City of Dallas

ID #41: 0024 WTP:-

Month/Year: July 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	.055	.056	.075	.100	.086	.080	.100
2	.055	.055	.056	.056	.055	.057	.057
3	.051	.055	.055	.054	.052	.052	.057
4	.052	.056	.056	.054	.051	.051	.056
5	.071	.056	.065	.055	.051	.062	.071
6	.057	.056	.056	.055	.056	.052	.057
7	.055	.055	.055	.054	.056	.056	.056
8	.050	.056	.055	.065	.055	.057	.065
9	.055	.065	.056	.056	.065	.056	.065
10	.052	.056	.055	.056	.056	.051	.056
11	.061	.056	.056	.056	.057	.055	.061
12	.055	.057	.057	.057	.052	.056	.056
13	.056	.056	.056	.057	.052	.056	.056
14	.055	.057	.052	.056	.056	.056	.057
15	.056	.050	.056	.057	.051	.056	.057
16	.055	.056	.057	.056	.056	.056	.057
17	.055	.055	.056	.056	.056	.056	.057
18	.056	.057	.056	.056	.056	.056	.056
19	.056	.051	.056	.056	.057	.055	.057
20	.056	.056	.055	.066	.065	.065	.066
21	.057	.065	.065	.065	.064	.065	.065
22	.065	.055	.070	.075	.061	.061	.075
23	.060	.060	.057	.057	.061	.065	.065
24	.061	.060	.060	.061	.061	.061	.061
25	.055	.060	.060	.061	.060	.060	.060
26	.060	.070	.060	.061	.061	.062	.070
27	.061	.061	.074	.065	.066	.086	.086
28	.070	.060	.065	.065	.071	.071	.071
29	.071	.071	.071	.071	.071	.072	.072
30	.071	.075	.076	.071	.072	.086	.086
31	.071	.071	.071	.071	.072	.071	.072

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: <i>Dennis Schlegel</i> DATE: 8/02/21 PHONE #: (503) 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 = Indivld. 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:

July 2021

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]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/0755	1.27	112	142	19.3	7.30	31	yes	3760.4
2/0800	1.25	112	144	19.0	7.22	31	yes	3223.1
3/0730	.82	112	91	20.3	7.23	22	yes	3219.9
4/0650	.92	112	103	21.1	7.14	22	yes	2883.5
5/0845	1.04	112	116	19.6	7.15	30	yes	3136.3
6/0815	1.20	112	134	20.6	7.14	23	yes	3400.3
7/0830	1.17	112	131	20.8	7.14	23	yes	3237.0
8/0745	1.21	112	135	19.8	7.12	31	yes	3025.1
9/0830	1.01	112	113	19.2	7.18	30	yes	2965.8
10/0745	.98	112	109	20.2	7.13	22	yes	3229.2
11/0845	1.15	112	128	20.7	7.15	23	yes	3227.9
12/0750	1.15	112	128	20.6	7.12	23	yes	3227.9
13/0755	1.08	112	120	20.9	7.17	22	yes	3204.7
14/0730	1.08	112	120	20.8	7.15	22	yes	3048.7
15/0750	1.08	112	120	20.5	7.19	22	yes	3020.4
16/0730	.98	112	110	19.8	7.26	30	yes	2978.5
17/1045	1.00	112	112	19.9	7.33	30	yes	3025.2
18/1000	1.01	112	113	19.1	7.26	30	yes	3027.0
19/0815	.99	112	110	20.0	7.12	22	yes	3023.4
20/0750	1.00	112	112	20.4	7.15	22	yes	3033.5
21/0830	1.02	112	114	20.2	7.20	22	yes	3034.8
22/0730	1.14	112	127	18.2	7.22	30	yes	3031.5
23/0815	1.20	112	134	18.5	7.23	31	yes	3048.3
24/1000	.95	112	106	19.9	7.42	30	yes	3063.8
25/1100	1.00	112	112	20.9	7.23	22	yes	3090.4
26/0800	.88	112	98	21.4	7.16	22	yes	3239.5
27/0750	.99	112	111	21.4	7.27	22	yes	3231.3
28/0840	1.03	112	115	21.0	7.24	22	yes	3106.9
29/0730	1.03	112	115	21.4	7.29	22	yes	3145.1
30/0830	.99	112	111	22.2	7.26	22	yes	3112.9
31/0820	1.01	112	113	22.0	7.21	22	yes	3096.8

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours.