

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

County: Polk

Name: City of Dallas OR ID #41: 60248 WTP: Month/Year: Sept. 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	.071	.071	.071	.070	.070	.071	.071
2	.071	.069	.074	.070	.070	.071	.074
3	.071	.071	.071	.071	.071	.076	.076
4	.071	.075	.071	.074	.071	.076	.076
5	.077	.071	.070	.075	.075	.076	.077
6	.072	.071	.075	.075	.072	.076	.076
7	.071	.072	.075	.076	.075	.081	.081
8	.076	.076	.075	.076	.081	.076	.076
9	.076	.076	.081	.076	.076	.076	.081
10	.077	.072	.076	.075	.076	.076	.080
11	.077	.075	.075	.076	.075	.075	.077
12	.076	.080	.077	.081	.081	.081	.081
13	.081	.076	.076	.076	.075	.081	.081
14	.080	.076	.079	.080	.080	.080	.080
15	.076	.076	.077	.076	.077	.075	.076
16	.076	.076	.075	.076	.080	.075	.080
17	.074	.075	.076	.075	.075	.075	.076
18	.076	.076	.080	.085	.101	.087	.101
19	.076	.081	.081	.090	.081	.081	.090
20	.081	.075	.080	.074	.081	.076	.081
21	.075	.075	.076	.075	.076	.076	.076
22	.076	.075	.075	.075	.075	.076	.076
23	.076	.075	.076	.080	.075	.080	.080
24	.060	.075	.081	.080	.071	.071	.081
25	.076	.076	.072	.075	.071	.075	.076
26	.075	.075	.075	.075	.076	.076	.076
27	.076	.075	.076	.075	.075	.075	.076
28	.075	.081	.080	.080	.076	.076	.081
29	.076	.080	.079	.079	.075	.080	.080
30	.079	.080	.075	.079	.085	.094	.094
31							

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
Filtration 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	DATE: 10/01/21
		SIGNATURE: <i>[Signature]</i>	CERT #: 7023
		PHONE #: (503) 623-2175	

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 #41: 00248

WTP: Month/Year: Sept. 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]
1/0930	1.07	112	119	17.4	7.37	30	yes	2699.3
2/0740	1.14	112	127	17.1	7.30	31	yes	2689.5
3/0820	1.10	112	123	17.5	7.30	31	yes	2659.0
4/0750	.85	112	95	17.3	7.34	29	yes	2645.8
5/0755	.85	112	95	17.9	7.35	29	yes	2675.5
6/0745	.86	112	96	18.5	7.31	29	yes	2661.8
7/0810	1.22	112	136	18.9	7.19	31	yes	2656.1
8/0830	1.22	112	136	19.1	7.49	31	yes	2675.2
9/0750	1.13	112	126	19.1	7.27	31	yes	2659.0
10/0740	1.09	112	122	19.1	7.33	30	yes	2608.0
11/0740	1.20	112	134	18.2	7.38	31	yes	2296.5
12/0840	1.13	112	126	17.8	7.31	31	yes	2477.7
13/0810	1.22	112	136	17.3	7.25	31	yes	2540.5
14/0745	1.24	112	138	16.8	7.28	31	yes	2525.5
15/0800	1.16	112	129	17.6	7.31	31	yes	2333.7
16/0745	1.17	112	131	17.0	7.34	31	yes	2325.5
17/0720	1.22	112	136	15.8	7.39	31	yes	2245.7
18/1015	1.18	112	132	16.8	7.43	31	yes	2039.2
19/1915	.71	112	80	16.9	7.56	29	yes	1698.1
20/0815	.84	112	94	15.9	7.07	29	yes	1727.6
21/0800	1.08	112	120	15.7	7.12	30	yes	1915.9
22/0805	1.10	112	123	15.6	7.22	30	yes	2287.8
23/0720	1.29	112	144	15.5	7.34	31	yes	1914.7
24/0750	1.16	112	129	15.7	7.29	31	yes	1785.5
25/0915	1.17	112	131	15.9	7.49	31	yes	1773.6
26/0900	1.10	112	123	16.3	7.48	31	yes	1775.7
27/0820	1.10	112	123	16.2	7.25	31	yes	1730.9
28/0745	1.03	112	115	15.6	7.28	30	yes	1714.9
29/0830	1.00	112	112	15.2	7.19	30	yes	1699.5
30/0730	.99	112	110	15.1	7.17	30	yes	1479.7
31/								

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