

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

County: Polk

Name: City of Dallas OR ID #41: 00248 WTP: Month/Year: Nov. 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	.115	.069	.070	.054	.054	.115
2	.055	.055	.081	.055	.053	.096	.096
3	.055	.059	.059	.054	.054	.054	.059
4	.053	.054	.055	.054	.055	.055	.055
5	.059	.054	.055	.055	.065	.056	.065
6	.055	.054	.054	.056	.056	.055	.056
7	.056	.055	.054	.055	.054	.054	.056
8	.060	.054	.063	.055	.054	.054	.063
9	.054	.055	.055	.075	.056	.054	.070
10	.055	.055	.053	.054	.053	.054	.055
11	.054	.055	.054	.054	.054	.055	.055
12	.207	.075	.056	.055	.059	.064	.207
13	.080	.060	.075	.060	.054	.054	.080
14	.060	.054	.055	.060	.060	.060	.060
15	.055	.054	.056	.055	.055	.056	.056
16	.079	.054	.059	.055	.055	.055	.079
17	.055	.054	.055	.054	.054	.056	.059
18	.054	.054	.055	.054	.055	.055	.055
19	.055	.060	.055	.053	.054	.073	.073
20	.055	.053	.054	.054	.054	.055	.055
21	.054	.053	.054	.053	.053	.053	.059
22	.054	.053	.069	.054	.054	.053	.059
23	.053	.054	.053	.054	.053	.068	.068
24	.058	.059	.054	.057	.053	.059	.059
25	.053	.053	.080	.053	.053	.059	.080
26	.054	.055	.054	.054	.053	.055	.055
27	.059	.054	.053	.054	.053	.054	.059
28	.055	.054	off	.056	.070	.059	.070
29	.059	.054	.055	.055	.055	.054	.059
30	.054	.075	.055	.055	.055	.055	.075
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 <sup>2</sup> triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		Monthly Summary (Answer Yes or No) 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 L. Schlegel SIGNATURE: <i>DS</i> DATE: 12/01/21	

