

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

County: Polk

Name: City of Dallas 012 ID #41: 00248 WTP-: Month/Year: Dec 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	.053	.053	off	.055	.055	.059	.059
2	.055	.055	.055	.054	.055	.061	.061
3	.060	.060	.059	.060	.061	.061	.061
4	.060	.060	.071	.075	.060	.060	.075
5	.061	.054	.060	.060	.060	.061	.061
6	.060	.061	.059	.068	.061	.084	.084
7	.061	.059	.060	.060	.075	.060	.075
8	.061	.061	.060	.060	.060	.075	.075
9	.060	.061	.060	.100	.059	.061	.100
10	.061	.061	.060	.059	.060	.070	.076
11	.061	.061	.061	.069	.089	.075	.089
12	.070	.063	.070	.084	.070	.100	.100
13	.060	.061	.079	.060	.060	.080	.080
14	.071	.060	.059	.060	off	.073	.073
15	.067	.061	.060	.075	.061	.060	.075
16	.060	.085	.125	.059	.060	.059	.125
17	.054	.059	.060	.074	.059	.098	.098
18	.055	.054	.054	.054	.055	.053	.055
19	.060	.063	.063	.051	.063	.063	.063
20	.072	off	.107	.068	.053	.081	.107
21	.053	.080	.094	.143	.133	.103	.143
22	.079	.073	.068	.073	.079	.083	.083
23	.073	.073	.071	.093	.128	.128	.128
24	.149	.084	.078	.078	.078	.133	.133
25	.133	.044	.083	.074	.073	.073	.133
26	.073	.078	.039	.073	.068	.068	.078
27	.065	.062	.064	.062	.062	.062	.095
28	.062	.063	.063	.062	.062	.062	.062
29	.062	.063	.063	.062	.062	.062	.062
30	.053	.063	.070	.062	.062	.062	.063
31	.074	.055	.062	.062	.062	.054	.070

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		CT's met everyday? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No (see back)	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	

OHA - Drinking Water Program - Surface Water Quality Data Form - Giardia Inactivation

Name: City of Dallas

ID #41:

00248

WTP-:

Month/Year:

Dec 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]
1/0800	1.13	112	126	10.8	7.14	46		
2/0745	1.11	112	124	10.5	7.06	46	yes	1216.2
3/0750	1.05	112	117	10.1	7.05	45	yes	1214.9
4/0915	1.13	112	127	11.0	7.28	46	yes	1221.4
5/0715	1.13	112	127	10.3	7.41	46	yes	1213.6
6/0950	1.19	112	133	8.6	7.12	61	yes	1216.4
7/0830	1.20	112	134	8.8	7.15	61	yes	1213.7
8/0740	1.12	112	125	9.6	7.00	61	yes	1252.8
9/0810	1.21	112	135	9.0	7.18	61	yes	1667.9
10/0920	1.19	112	133	9.2	7.20	61	yes	1556.3
11/0845	1.08	112	120	8.6	7.27	60	yes	1572.8
12/0930	1.08	112	120	8.7	7.21	60	yes	1204.5
13/0502	1.41	112	157	9.0	7.10	62	yes	1417.8
14/0930	1.32	112	147	9.6	7.04	62	yes	1458.1
15/0815	1.34	112	150	8.3	7.07	62	yes	1417.1
16/0830	1.45	112	162	9.1	7.12	62	yes	1619.5
17/0800	1.39	112	155	9.1	7.14	62	yes	1701.8
18/1130	1.35	112	151	9.0	7.49	62	yes	1682.9
19/1100	1.27	112	142	8.8	7.46	61	yes	1195.4
20/1030	1.19	112	133	8.9	7.15	61	yes	1220.0
21/0840	1.13	112	126	8.6	7.12	60	yes	1402.3
22/0830	1.32	112	147	8.8	7.15	62	yes	1409.6
23/0745	1.40	112	156	8.9	7.14	62	yes	1287.3
24/0855	1.28	112	143	8.8	7.28	61	yes	1231.6
25/0850	1.31	112	146	9.1	7.15	62	yes	1238.6
26/0845	1.24	112	138	8.6	7.16	61	yes	1235.0
27/0900	1.33	112	148	7.0	7.01	62	yes	1235.7
28/0830	1.48	112	165	7.0	7.24	62	yes	1387.1
29/0800	1.57	112	175	6.9	7.16	64	yes	1349.5
30/0820	1.43	112	160	7.0	7.26	62	yes	1268.9
31/1145	1.38	112	155	7.0	7.36	62	yes	1289.1
							yes	1296.3

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