

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

County: Folk

Name: City of Dallas OR ID #41: 00248 WTP-: \_\_\_\_\_ Month/Year: Feb 2022

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	.063	.070	.083	off	off	.069	.083
2	.070	.064	.061	off	off	.069	.070
3	.068	.069	.079	.064	.070	.063	.079
4	.074	.096	.060	.060	.069	.069	.096
5	.063	.070	.068	.069	.069	.068	.070
6	.064	.064	.079	.070	.070	.070	.079
7	.063	.068	.069	.063	.070	.080	.080
8	.068	.074	.065	.069	.064	.069	.074
9	.069	.068	.085	.063	.063	.060	.085
10	.074	.064	.063	.070	.064	.064	.070
11	.065	.063	.064	.063	.068	.069	.069
12	.075	.064	.070	.063	.068	.069	.069
13	.075	.064	.070	.060	.060	.069	.075
14	.071	.064	.069	.065	.064	.065	.071
15	.079	.070	.078	.063	.065	.068	.085
16	.068	.064	.060	.068	.069	.069	.069
17	.060	.063	.063	.068	.064	.079	.079
18	.069	.076	.064	.080	.061	.073	.080
19	.064	.060	.068	.064	.064	.060	.068
20	.064	.063	.059	.064	.068	.069	.079
21	.060	.059	.068	.064	.064	.064	.068
22	.063	.068	.075	.070	.074	.069	.083
23	.070	.069	.064	.076	.063	.070	.070
24	.068	.074	.063	.063	.063	.064	.074
25	.064	.063	.064	.063	.064	.064	.064
26	.064	.063	.063	.063	.064	.073	.073
27	.063	.064	.065	.064	.063	.064	.065
28	.074	.075	.089	.100	.083	.084	.100
29							
30							
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 <sup>2</sup> triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No <sup>2</sup>		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: <u>Deanna Schlegel</u> SIGNATURE: <u>[Signature]</u>	DATE: <u>3/01/22</u>
		PHONE #: <u>(503) 623-2175</u>	CERT #: <u>7023</u>

<sup>1</sup> 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. <sup>2</sup> IFE = Individ. Filter Eff. (OAR 333-061-0040(1)(d)(B&C))

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

Name: City of Dallas OR

ID #41:

00248

WTP: Month/Year:

Feb. 2012

Log Requirement (Circle One): 0.5

1.0

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/0825	1.35	112	151	6.5	7.28	62	yes	1549.9
2/0805	1.39	112	155	6.1	7.26	62	yes	2117.7
3/0750	1.39	112	155	6.2	7.28	62	yes	1551.0
4/0745	1.43	112	160	6.1	7.14	62	yes	1319.8
5/1030	1.21	112	136	9.3	7.27	61	yes	1252.8
6/1000	1.44	112	161	6.8	7.46	62	yes	1274.5
7/0830	1.30	112	145	6.4	7.17	62	yes	1525.4
8/0815	1.34	112	150	6.7	7.23	62	yes	1381.1
9/0830	1.42	112	159	6.5	7.35	62	yes	1732.0
10/0750	1.35	112	151	6.8	7.24	62	yes	1240.4
11/0745	1.33	112	148	7.1	7.23	62	yes	1684.2
12/0830	1.26	112	141	8.3	7.19	61	yes	1244.5
13/0920	1.13	112	126	8.8	7.19	61	yes	1236.8
14/0815	1.26	112	141	7.1	7.09	61	yes	1411.3
15/0820	1.28	112	143	7.2	7.35	61	yes	1381.9
16/0805	1.33	112	148	7.4	7.32	62	yes	1232.7
17/0755	1.09	112	122	8.0	7.16	60	yes	1234.1
18/0740	1.18	112	132	7.3	7.13	61	yes	1725.3
19/0905	1.20	112	134	7.3	7.22	61	yes	1226.3
20/0910	1.16	112	129	7.4	7.25	61	yes	1245.1
21/0820	1.15	112	128	7.3	7.20	61	yes	1243.0
22/0815	1.18	112	132	6.9	7.16	61	yes	1242.9
23/0810	1.19	112	133	6.4	7.31	61	yes	1242.3
24/0930	1.23	112	137	6.7	7.24	61	yes	1395.5
25/0810	1.24	112	138	5.0	7.26	61	yes	1365.9
26/0805	1.17	112	131	5.8	7.30	61	yes	1228.6
27/0730	1.27	112	142	6.4	7.40	61	yes	1222.4
28/0820	1.26	112	141	7.2	7.11	61	yes	1363.7
29/								
30/								
31/								

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours.