

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

County: Polk

Name: City of Dallas OR ID #41: 60248 WTP: Month/Year: May 2022

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	.070	.085	.070	.070	.076	.086	.085
2	.069	.084	.070	.071	.071	.075	.084
3	.070	.070	.071	.070	.070	.071	.071
4	.074	.069	.079	.072	.070	.070	.079
5	.070	.070	.076	.070	.071	.070	.076
6	.080	.069	.075	.069	.071	.074	.080
7	.070	.073	.070	.076	.116	.076	.116
8	.075	.072	.074	.074	.070	.075	.075
9	.076	.075	.070	.075	.073	.082	.082
10	.073	.074	.071	.075	.071	.075	.075
11	.071	.070	.070	.085	.070	.074	.085
12	.070	.069	.074	.074	.070	.071	.071
13	.071	.071	.070	.069	.069	.071	.071
14	.071	.071	.073	.070	.085	.074	.085
15	.085	off	.075	.086	.075	.083	.086
16	.063	.071	.071	.062	.070	.070	.071
17	.074	.070	.070	.070	.055	.070	.074
18	.079	.071	.071	.070	.070	.061	.079
19	.060	.070	.060	.070	.070	.070	.070
20	.069	.070	.070	.060	.071	.070	.071
21	.070	.070	.070	.070	.070	.076	.076
22	.061	.075	.070	.050	.071	.061	.050
23	.060	.070	.060	.071	.071	.060	.071
24	.071	.060	.070	.061	.061	.071	.071
25	.060	.069	.070	.074	.070	.061	.070
26	.061	.060	.075	.071	.070	.061	.070
27	.060	.060	.060	.060	.060	.076	.076
28	.060	.071	.070	.071	.070	.070	.071
29	.070	.070	.071	.070	.070	.070	.071
30	.075	.060	.079	.070	.071	.070	.071
31	.071	.070	.070	.086	.070	.070	.086

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 ² triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No ²		Monthly Summary (Answer Yes or No) 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>D Schlegel</i> DATE: 6/10/22 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 = Indivd. 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, OR

ID #41:

00248

WTP: Month/Year:

May 2022

Log Requirement (Circle One): 0.5 (1.0)

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT CXT	Temp [°C]	pH	Required CT Use tables	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1/0935	1.03	112	115	10.9	7.20	45	yes	1249.2
2/0820	1.12	112	128	10.7	6.93	38	yes	1404.2
3/0915	1.22	112	136	10.6	7.18	46	yes	1384.3
4/0905	1.13	112	126	11.2	7.08	46	yes	1263.0
5/0750	1.03	112	115	11.2	7.14	45	yes	1277.5
6/0715	1.09	112	122	11.3	7.08	45	yes	1280.7
7/0730	.91	112	101	11.1	7.11	45	yes	1252.3
8/0730	.52	112	103	10.8	7.05	45	yes	1291.1
9/0810	1.19	112	133	10.4	7.00	46	yes	1272.3
10/0815	1.14	112	122	10.2	7.03	46	yes	1260.3
11/0820	1.22	112	136	9.5	7.09	46	yes	1260.3
12/0430	1.23	112	137	10.2	7.17	46	yes	1538.4
13/0820	1.30	112	145	10.0	7.11	47	yes	1618.5
14/0930	1.30	112	145	11.5	7.28	47	yes	1589.1
15/0930	1.03	112	115	11.3	7.30	45	yes	1557.5
16/0930	1.07	112	119	12.1	7.02	45	yes	1392.1
17/0815	1.03	112	115	11.5	7.03	45	yes	1330.0
18/0810	1.17	112	131	11.5	7.11	46	yes	1320.2
19/0805	1.17	112	131	11.3	7.25	46	yes	1325.5
20/0755	1.21	112	135	11.1	7.16	46	yes	1329.0
21/0800	1.02	112	114	11.4	7.19	45	yes	1383.3
22/0750	1.07	112	119	11.7	7.22	45	yes	1369.0
23/0830	1.01	112	113	12.5	7.07	45	yes	1677.4
24/0810	1.10	112	123	12.8	7.17	46	yes	1744.6
25/0820	1.25	112	144	12.7	7.21	46	yes	1555.8
26/0810	1.16	112	129	13.2	7.08	46	yes	1527.0
27/0750	1.06	112	118	13.4	7.15	45	yes	1439.1
28/0900	.87	112	97	14.2	7.20	45	yes	11466.5
29/0900	1.99	112	110	12.9	7.23	45	yes	1446.0
30/07:30	1.86	112	98	13.2	7.21	45	yes	1462.1
31/0845	.98	112	109	13.5	7.05	45	yes	1558.8

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