

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

County: Polk

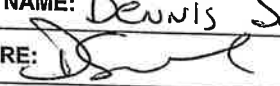
Name: City of Dallas OR

ID #41: 00248

WTP-:

Month/Year: June 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	.061	.070	.070	.071	.070	.060	.071
2	.061	.070	.060	.060	.071	.074	.074
3	.071	.070	.061	.071	.071	.071	.071
4	.070	.070	.070	.061	.070	.071	.071
5	.071	.080	.077	.071	.070	.071	.080
6	.073	.070	.071	.070	.070	.075	.075
7	.075	.081	.070	.071	.069	.070	.081
8	.071	.070	.085	.070	.071	.070	.085
9	.070	.071	.070	.070	.070	.061	.071
10	.071	.077	.071	.076	.070	.071	.076
11	.070	.071	.070	.080	.071	.070	.080
12	.070	.070	.094	.070	.070	.075	.094
13	.070	.075	.070	.070	.069	.069	.075
14	.070	.070	.070	.071	.074	.076	.076
15	.076	.070	.075	.076	.076	.071	.076
16	.071	.076	.071	.069	.076	.069	.076
17	.076	.070	.069	.070	.064	.075	.076
18	.076	.075	.075	.070	.069	.075	.076
19	.070	.075	.076	.075	.070	.070	.076
20	.076	.071	.075	.070	.075	.075	.076
21	.070	.071	.070	.071	.070	.070	.071
22	.070	.071	.076	.077	.069	.070	.077
23	.070	.071	.061	.061	.061	.062	.071
24	.061	.062	.061	.062	.061	.060	.062
25	.056	.060	.062	.061	.063	.056	.063
26	.056	.056	.060	.062	.062	.057	.062
27	.055	.056	.057	.056	.057	.057	.057
28	.057	.056	.057	.062	.060	.056	.062
29	.055	.060	.061	.061	.061	.061	.061
30	.071	.060	.060	.061	.060	.055	.071
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 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 SIGNATURE: 	
		PHONE #: (503) 623-2175	DATE: 7/01/22 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 = Individ. Filter Effic. (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: June 2012

Log Requirement (Circle One): 0.5 (0.0)

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]
1/0910	.92	112	103	13.7	7.15	45	yes	1563.6
2/0740	.92	112	103	13.9	7.25	45	yes	1570.3
3/0755	.99	112	110	14.3	7.16	45	yes	1655.0
4/0740	1.09	112	122	14.1	7.17	45	yes	1553.3
5/0720	1.16	112	129	14.0	7.36	46	yes	1574.5
6/0815	.92	112	103	13.9	7.04	45	yes	1525.1
7/0755	.95	112	106	13.6	7.12	45	yes	1430.1
8/0805	.90	112	100	13.6	7.17	45	yes	1610.8
9/0820	.90	112	100	14.1	7.05	45	yes	1612.0
10/0630	.94	112	105	14.1	7.19	45	yes	2856.4
11/0920	1.00	112	112	13.9	7.08	45	yes	1445.9
12/0950	.98	112	109	14.1	7.11	45	yes	1371.2
13/1000	.96	112	107	13.1	6.95	37	yes	1584.1
14/0850	.92	112	103	13.8	7.10	45	yes	1577.4
15/0700	.88	112	98	14.2	7.06	44	yes	1536.6
16/0740	.94	112	105	13.4	7.11	45	yes	1544.7
17/0800	.94	112	105	13.7	7.21	45	yes	1545.3
18/0810	1.16	112	129	13.4	7.13	46	yes	1569.4
19/0800	1.18	112	132	13.3	7.14	46	yes	1548.7
20/0840	1.05	112	117	13.0	7.02	45	yes	1569.7
21/0750	.91	112	101	14.2	7.08	45	yes	1837.1
22/0840	.91	112	101	15.9	7.06	30	yes	2104.5
23/0820	1.18	112	132	16.0	7.11	31	yes	2104.7
24/0830	1.10	112	123	16.1	7.06	31	yes	2516.1
25/0830	1.11	112	124	17.2	7.20	31	yes	2510.7
26/830	1.10	112	123	17.9	7.22	31	yes	2669.0
27/0810	1.05	112	117	18.6	7.00	30	yes	3009.0
28/0805	1.18	112	132	18.5	7.17	31	yes	3004.1
29/0750	1.05	112	117	17.2	7.10	30	yes	2911.6
30/0900	1.11	112	127	17.3	7.11	30	yes	2720.5
31/								

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