

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

County: Polk

Name: City of Dallas OR ID #41: 00248 WTP-: Month/Year: July 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	.060	.061	.061	.061	.061	.056	.061
2	.060	.062	.056	.056	.061	.061	.062
3	.057	.061	.061	.061	.064	.060	.064
4	.059	.061	.060	.064	.061	.060	.064
5	.061	.061	.062	.060	.064	.064	.064
6	.061	.061	.065	.061	.061	.061	.065
7	.061	.064	.060	.060	.062	.062	.064
8	.062	.061	.064	.061	.061	.061	.064
9	.061	.061	.062	.061	.065	.061	.065
10	.061	.064	.065	.072	.060	.056	.072
11	.061	.060	.061	.061	.056	.058	.061
12	.056	.062	.061	.056	.056	.056	.062
13	.062	.060	.060	.060	.061	.060	.062
14	.061	.061	.064	.065	.061	.051	.065
15	.071	.072	.070	.065	.062	.061	.072
16	.061	.061	.071	.065	.062	.064	.071
17	.071	.060	.071	.070	.061	.060	.071
18	.060	.071	.070	.069	.064	.070	.071
19	.061	.070	.070	.064	.065	.065	.070
20	.062	.071	.064	.064	.065	.061	.071
21	.061	.071	.070	.071	.065	.061	.071
22	.070	.071	.071	.070	.071	.070	.071
23	.070	.070	.070	.076	.070	.060	.076
24	.070	.070	.071	.071	.065	.066	.071
25	.071	.071	.071	.065	.066	.061	.071
26	.061	.071	.070	.056	.057	.057	.071
27	.072	.071	.071	.072	.061	.061	.071
28	.071	.070	.071	.087	.083	.083	.087
29	.082	.081	.082	.082	.082	.082	.082
30	.083	.087	.082	.082	.082	.083	.083
31	.082	.082	.082	.082	.083	.083	.083

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
<b>Monthly Summary</b> 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		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 Schlegel SIGNATURE: <i>[Signature]</i> DATE: 8/01/22 PHONE #: (503) 623-2175 CERT #: 7023	

<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 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: July 2022

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> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT CXT	Temp [°C]	pH	Required CT Use tables	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1/0800	1.12	112	125	17.5	7.13	31	yes	2552.9
2/0805	1.01	112	113	17.5	7.15	30	yes	2515.7
3/0840	1.00	112	112	16.5	7.18	30	yes	2569.9
4/0745	1.12	112	125	16.4	7.18	31	yes	2537.4
5/0930	1.29	112	144	17.8	7.05	31	yes	2529.3
6/0830	1.09	112	122	17.5	7.02	30	yes	2349.3
7/0740	1.09	112	122	17.2	7.02	30	yes	2172.9
8/0750	1.05	112	117	17.2	7.10	30	yes	2895.5
9/0820	1.10	112	123	17.3	7.11	31	yes	2741.9
10/0845	1.12	112	136	18.3	7.20	31	yes	2710.8
11/0820	1.12	112	125	18.3	7.02	31	yes	3078.3
12/0920	1.08	112	120	20.6	7.12	22	yes	3259.3
13/0815	1.19	112	133	19.7	7.14	31	yes	3222.8
14/0745	1.12	112	125	19.9	7.26	31	yes	3186.0
15/0750	1.02	112	114	18.7	7.26	30	yes	2950.1
16/0815	1.01	112	113	18.5	7.21	30	yes	2905.6
17/0930	1.11	112	124	17.5	7.14	31	yes	2926.1
18/0920	1.06	112	118	17.6	7.04	30	yes	3017.3
19/0815	1.18	112	132	18.0	7.26	31	yes	3061.7
20/1030	1.27	112	142	20.0	7.02	23	yes	3225.8
21/0745	1.10	112	123	19.3	7.14	31	yes	3205.01
22/0830	1.10	112	123	19.1	7.12	31	yes	3017.1
23/0805	1.11	112	124	18.9	7.13	31	yes	3083.5
24/0815	1.16	112	129	18.1	7.14	31	yes	3181.6
25/1130	1.15	112	128	19.0	7.10	31	yes	3285.2
26/1050	1.19	112	133	19.7	7.05	31	yes	3471.6
27/0900	1.13	112	126	19.9	7.09	31	yes	3523.2
28/0810	1.11	112	124	20.1	7.05	22	yes	3507.5
29/0815	1.07	112	119	20.5	7.20	22	yes	3405.5
30/0815	1.23	112	137	20.5	7.07	23	yes	3379.5
31/0810	1.14	112	127	20.5	7.10	23	yes	3404.1

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours.  
Download form at: [public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/urb-conv-direct.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/urb-conv-direct.pdf)