

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

County: Polk

Name: City of Dallas

ID #41: 00248

WTP-:

Month/Year: Sept. 22

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	.061	.061	.061	.061	.059	.063
2	.056	.060	.059	.061	.060	.063	.063
3	.060	.060	.059	.060	.066	.061	.066
4	.064	.065	.065	.065	.061	.065	.065
5	.060	.060	.065	.066	.075	.065	.075
6	.065	.065	.066	.065	.065	.075	.075
7	.066	.065	.065	.065	.065	.065	.066
8	.065	.065	.070	.070	.070	.075	.075
9	.070	.072	.070	.075	.074	.071	.075
10	.075	.070	.060	.074	.080	.080	.080
11	.070	.070	.075	.076	.070	.075	.076
12	.074	.075	.075	.075	.074	.074	.075
13	.075	.075	.074	.075	.080	.075	.080
14	.075	.075	.074	.074	.065	.064	.075
15	.060	.065	.066	.059	.059	.066	.066
16	.061	.065	.065	.065	.065	.065	.065
17	.060	.065	.065	.065	.065	.080	.080
18	.065	.065	.059	.064	.066	.065	.066
19	.065	.065	.059	.063	.065	.064	.065
20	.059	.065	.075	.064	.065	.065	.075
21	.065	.066	.066	.065	.065	.065	.066
22	.061	.065	.065	.054	.065	.065	.065
23	.065	.065	.066	.065	.064	.064	.066
24	.061	.064	.065	.064	.065	.064	.065
25	.064	.065	.074	.066	.065	.065	.074
26	.066	.065	.075	.067	.074	.065	.075
27	.065	.075	.063	.065	.066	.066	.075
28	.065	.065	.066	.074	.075	.075	.075
29	.065	.064	.066	.064	.064	.075	.075
30	.065	.064	.064	.075	.060	.060	.075
31							

<b>Conventional or Direct Filtration</b> <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 <sup>2</sup>		<b>Monthly Summary (Answer Yes or No)</b> 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	
<b>Notes:</b> _____ _____		PRINTED NAME: Dewors Schlegel SIGNATURE: <i>[Signature]</i> DATE: 10/11/22 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 Effl. (OAR 333-061-0040(1)(d)(B&C))

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

Name: City of Dallas

ID #41: 00248

WTP: Month/Year: Sept. 22

Log Requirement (Circle One): 0.5

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]
1/0820	.87	112	97	19.7	7.72	29	yes	3270.9
2/0750	.95	112	106	19.3	7.73	30	yes	3209.3
3/0750	.92	112	103	19.0	7.77	30	yes	3064.6
4/0825	.99	112	110	18.4	7.38	30	yes	2936.4
5/0835	1.02	112	114	18.8	7.33	30	yes	2991.5
6/0920	.96	112	107	18.6	7.30	30	yes	3024.6
7/0800	.91	112	101	18.7	7.16	30	yes	3129.2
8/0720	.99	112	110	18.7	7.12	30	yes	3127.2
9/0820	1.02	112	114	17.7	7.21	30	yes	3128.2
10/0730	.84	112	94	18.1	7.24	30	yes	3103.4
11/0800	.85	112	95	18.7	7.35	30	yes	3122.2
12/0830	.94	112	105	19.0	7.20	30	yes	3046.2
13/0820	.84	112	94	18.8	7.33	29	yes	2959.5
14/0815	.95	112	106	18.7	7.38	30	yes	2655.5
15/0810	.96	112	107	18.7	7.24	30	yes	2639.5
16/0750	.99	112	110	18.1	7.37	30	yes	2736.3
17/0817	.97	112	108	17.0	7.44	30	yes	2734.4
18/0741	.98	112	105	16.8	7.46	30	yes	2650.0
19/0830	.99	112	110	17.3	7.43	30	yes	2651.1
20/0810	.97	112	108	17.3	7.50	30	yes	2670.1
21/0930	1.06	112	118	17.7	7.44	30	yes	2645.4
22/0800	1.01	112	113	17.1	7.25	30	yes	2640.1
23/0820	1.01	112	113	16.9	7.33	30	yes	2381.7
24/0745	1.02	112	114	16.8	7.31	30	yes	2419.7
25/0920	1.03	112	115	16.0	7.25	30	yes	2500.1
26/0830	1.05	112	117	16.3	7.30	30	yes	2685.2
27/0800	1.09	112	122	16.7	7.28	30	yes	2588.0
28/0830	1.09	112	122	16.6	7.32	30	yes	2368.1
29/0835	.80	112	89	16.5	7.43	29	yes	2139.2
30/0820	.96	112	107	16.3	7.34	30	yes	1984.4
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.