

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

County: Polk

Name: City of Dallas OR ID #41: 00248 WTP: Month/Year: Oct 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	.059	.059	.064	.063	.064	.059	.064
2	.060	.060	.060	.059	.054	.060	.060
3	.059	.060	.060	.059	.060	.059	.060
4	.060	.056	.060	.061	.059	.065	.065
5	.060	.058	.061	.060	.059	.059	.061
6	.059	.059	.090	.059	.059	.060	.090
7	.059	.060	.060	.060	.060	.059	.060
8	.060	.059	.060	.060	.061	.060	.061
9	.060	.059	.060	.044	.065	.063	.065
10	.064	.060	.059	.059	.060	.059	.064
11	.059	.065	.060	.060	.058	.061	.065
12	.060	.058	.060	.059	.075	.065	.075
13	.064	.064	.061	.059	.059	.059	.064
14	.059	.054	.060	.059	.063	.059	.063
15	.060	.060	.059	.066	.059	.066	.066
16	.065	.064	.059	.068	.064	.063	.066
17	.060	.064	.064	.063	.093	.069	.093
18	.065	.065	.067	.064	.068	.085	.085
19	.064	.064	.068	.068	.068	.068	.068
20	.068	.068	.068	.068	.068	.073	.073
21	.068	.068	.069	.067	.073	.068	.073
22	.076	.074	.118	.078	.078	.078	.118
23	.078	.077	.078	.078	.078	.078	.078
24	.077	.073	.064	.063	.068	.065	.077
25	.067	.068	.068	.078	.073	.080	.080
26	.073	.073	.078	.065	.080	.075	.080
27	.064	.063	.065	.064	.065	.064	.065
28	.064	.089	.064	.064	.064	.064	.089
29	.065	.065	.065	.065	.055	.065	.065
30	.065	.064	.065	.064	.065	.065	.065
31	.066	.065	.065	.064	.064	.065	.066

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: <i>DS</i>	DATE: 11/01/22
	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 = 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 OR ID #41: 00248 WTP: Month/Year: Oct/2012 Log Requirement (Circle One): 0.5 **1.0**

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/0740	1.36	112	152	15.9	7.19	31	yes	2075.2
2/0750	1.14	112	127	16.4	7.23	31	yes	2120.3
3/0915	1.12	112	125	16.3	7.18	31	yes	2570.9
4/0820	1.12	112	125	15.8	7.00	31	yes	2488.1
5/0720	1.03	112	115	15.6	7.39	30	yes	2153.8
6/0750	1.06	112	118	15.4	7.25	30	yes	2172.2
7/0755	1.07	112	119	15.7	7.26	30	yes	2172.1
8/0930	1.04	112	116	15.7	7.24	30	yes	2236.0
9/0940	.99	112	110	15.4	7.33	30	yes	2217.6
10/0840	1.00	112	112	15.3	7.38	30	yes	2334.9
11/0836	1.01	112	113	15.8	7.36	30	yes	2612.9
12/0810	.92	112	103	15.4	7.31	30	yes	2169.6
13/0820	1.02	112	114	14.9	7.39	45	yes	2170.7
14/0830	1.03	112	115	14.6	7.31	45	yes	2142.7
15/0900	.99	112	110	14.7	7.32	45	yes	2088.1
16/0930	.97	112	108	14.5	7.35	45	yes	2176.3
17/0900	.98	112	109	13.9	7.34	45	yes	2171.0
18/0820	1.01	112	113	13.8	7.35	45	yes	2152.5
19/0830	.98	112	109	13.7	7.28	45	yes	2030.6
20/0800	1.00	112	112	14.1	7.36	45	yes	2014.8
21/0835	.93	112	104	13.8	7.38	45	yes	1652.4
22/0705	1.00	112	112	12.6	7.25	45	yes	1571.2
23/0950	.84	112	94	12.2	7.11	44	yes	1604.5
24/0900	1.12	112	125	11.9	7.32	46	yes	1595.1
25/0905	1.04	112	116	11.8	7.28	45	yes	1582.9
26/0840	.96	112	107	11.5	7.20	45	yes	1446.7
27/0820	.80	112	89	11.3	7.34	44	yes	1452.8
28/0900	1.11	112	124	11.6	7.44	46	yes	1482.3
29/0800	1.14	112	127	11.4	7.27	46	yes	1410.3
30/0750	1.00	112	112	12.4	7.32	45	yes	1459.0
31/0930	1.18	112	132	12.6	7.39	46	yes	1674.3

³ If Cl₂ 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/turb-conv-direct.pdf Revised September 2016

Return by 10th of following month by email, fax, or mail to:
 dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350