

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

County: Polk

Name: City of Dallas

ID #41: 20248

WTP-:

Month/Year: Sept 2023

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	.101	.105	.109	.075	.086	.096	.109
2	.086	.081	.076	.075	.081	.081	.086
3	.081	.086	.105	.116	.126	.132	.132
4	.126	.125	.116	.125	.151	.127	.151
5	.117	.111	.065	.068	.076	.075	.117
6	.075	.071	.064	.064	.065	.069	.075
7	.069	.065	.055	.064	.059	.064	.069
8	.056	.069	.084	.060	.064	.101	.101
9	.059	.059	.069	.084	.084	.074	.084
10	.056	.059	.075	.064	.068	.069	.075
11	.074	.100	.059	.064	.079	.055	.100
12	.056	.064	.059	.055	.071	.060	.071
13	.064	.055	.064	.073	.061	.056	.073
14	.057	.056	.055	.068	.074	.064	.074
15	.055	.056	.059	.060	.059	.065	.065
16	.055	.055	.056	.060	.055	.055	.060
17	.061	.074	.055	.056	.057	.065	.074
18	.055	.064	.069	.068	.064	.061	.069
19	.060	.063	.064	.074	.060	.063	.074
20	.059	.055	.063	.064	.069	.073	.073
21	.063	.075	.063	.064	.059	.069	.075
22	.068	.098	.063	.060	.063	.063	.098
23	.059	.063	.084	.064	.061	.057	.084
24	.059	.064	.071	.079	.071	.070	.079
25	.071	.074	.071	.076	.095	.127	.127
26	.123	.129	.130	.119	.097	.095	.130
27	.079	.076	.069	.063	.075	.081	.081
28	.085	.085	.096	off	.101	.106	.106
29	.069	.106	.110	.111	.127	.131	.131
30	.131	.130	.126	.096	.096	.101	.131
31							

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	
	PRINTED NAME: Jason Anderson SIGNATURE: <i>Jason Anderson</i> DATE: 10/3/2023 PHONE #: (503) 623-2175 CERT #: 7030	

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

ID #41: 00248

WTP: Month/Year:
Sept. 2023

Log Requirement
(Circle One): 0.5 **1.0**

Date / Time	Minimum Cl ₂ Residual at 1 st 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]
1/0720	.80	112	89	18.4	7.19	29	yes	2198.5
2/0820	.51	112	57	19.1	7.05	24	yes	2228.4
3/0820	1.27	112	142	19.7	7.05	31	yes	2302.2
4/0823	1.33	112	148	19.0	7.11	31	yes	2223.0
5/1000	1.16	112	163	18.3	7.17	31	yes	2340.6
6/1055	1.17	112	131	18.5	7.18	31	yes	2506.3
7/0800	1.13	112	127	17.6	7.23	31	yes	2520.5
8/1115	1.19	112	133	17.8	7.18	31	yes	2507.9
9/0905	1.12	112	125	18.0	7.21	31	yes	2401.0
10/0930	1.15	112	128	17.9	7.20	31	yes	2572.5
11/0800	1.08	112	120	18.1	7.09	30	yes	2694.5
12/1030	1.35	112	113	18.5	7.21	31	yes	2666.3
13/0915	1.21	112	135	17.8	7.19	31	yes	2587.6
14/0930	1.07	112	119	17.9	7.14	30	yes	2574.9
15/0920	1.09	112	122	17.8	7.15	30	yes	2552.3
16/0850	1.10	112	123	17.9	7.18	30	yes	2554.3
17/0910	1.13	112	126	17.5	7.19	30	yes	2571.2
18/0900	1.08	112	120	17.1	7.14	30	yes	2487.6
19/0940	1.04	112	116	17.6	7.29	30	yes	2419.6
20/0850	1.02	112	114	16.9	7.21	30	yes	2423.1
21/0800	.99	112	111	15.6	7.30	30	yes	2402.9
22/0815	1.26	112	141	15.1	7.26	31	yes	2274.5
23/1030	1.12	112	125	16.3	7.41	31	yes	2096.4
24/1030	.96	112	108	16.0	7.54	30	yes	1756.6
25/0930	.77	112	86	15.3	7.16	29	yes	1664.5
26/0930	.83	112	92	16.0	7.12	29	yes	1639.4
27/0935	1.32	112	147	16.0	7.09	31	yes	1615.8
28/0825	1.14	112	128	15.0	7.02	31	yes	1433.2
29/0835	.96	112	107	15.5	7.12	30	yes	1791.5
30/0920	1.20	112	134	15.2	7.15	31	yes	1765.9
31/								

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

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