

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

County: Polk

Name: City of Dallas ID #41: 00248 WTP: _____ Month/Year: Nov 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	.072	.076	.072	.072	.072	.101
2	.077	.077	.083	.077	.077	.077	.083
3	.061	.077	.077	.075	.076	.077	.077
4	.077	.077	.077	.077	.077	.080	.080
5	.077	.077	.077	.077	.077	.077	.077
6	.077	.083	.077	.077	.071	.083	.083
7	.077	.089	.077	.077	.083	.071	.089
8	.076	.071	.060	.077	.071	.079	.079
9	.076	.083	.083	.072	.070	.073	.083
10	.071	.077	.076	.077	.071	.079	.079
11	.071	.077	.077	.071	.071	.071	.077
12	.071	.071	.077	.071	.071	.071	.077
13	.071	.071	.077	.071	.070	.071	.077
14	.071	.071	.089	.070	.071	.077	.089
15	.073	.071	.083	.071	.070	.071	.083
16	.071	.071	.089	.071	.071	.072	.089
17	.071	.071	.071	.077	.071	.071	.077
18	.071	.071	.076	.077	.071	.076	.077
19	.071	.077	.071	.077	.071	.071	.077
20	.071	.079	.071	.071	.077	.077	.079
21	.077	.077	.071	.070	.071	.070	.077
22	.108	.077	.071	.070	.071	.071	.108
23	.079	.071	.070	.071	.071	.071	.079
24	.077	.077	.083	.083	.090	.102	.102
25	.115	.077	.071	.077	.070	.077	.115
26	.077	.083	.082	.083	.133	.077	.133
27	.071	.071	.071	.071	.071	.071	.071
28	.070	.071	.076	.077	.077	.077	.077
29	.076	.078	.071	.071	.071	.077	.078
30	.070	.070	.070	.071	.071	.076	.076
31							

Conventional or Direct Filtration Monthly Summary 95% of the 4-hour turbidity readings ≤ 0.3 NTU? <u>Yes</u> / No All the 4-hour turbidity readings ≤ 1 NTU? <u>Yes</u> / No All turbidity readings < IFE ² triggers? <u>Yes</u> / No ²		Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <u>Yes</u> / No All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <u>Yes</u> / No	
Notes: 		PRINTED NAME: <u>Jason Anderson</u>	
		SIGNATURE: <u>Jason Anderson</u>	DATE: <u>12/5/23</u>
		PHONE #: <u>(503) 623-2175</u>	CERT #: <u>7030</u>

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:

Nov 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]
1/0900	1.29	112	145	9.7	7.15	62	yes	1461.6
2/0845	1.33	112	149	11.0	7.08	47	yes	1208.7
3/0800	1.17	112	131	12.7	7.03	46	yes	1214.1
4/0830	1.13	112	126	11.7	7.21	46	yes	1496.9
5/0916	1.16	112	129	12.6	7.18	46	yes	1510.6
6/0820	1.37	112	153	11.7	7.32	47	yes	1419.5
7/0815	1.30	112	145	12.3	6.85	38	yes	1530.4
8/0810	1.51	112	169	11.5	6.88	40	yes	1416.1
9/0800	1.47	112	165	10.8	6.90	40	yes	1401.4
10/1000	1.52	112	170	10.8	6.90	40	Yes	1363.6
11/1000	1.46	112	163	11.6	7.15	47	Yes	1279.7
12/1030	1.30	112	145	11.4	7.23	47	yes	1296.1
13/0830	1.41	112	157	11.0	6.92	39	yes	1427.1
14/0940	1.48	112	166	10.7	7.05	48	yes	1485.2
15/0900	1.45	112	162	10.8	7.05	48	yes	1523.2
16/0750	1.52	112	170	10.8	7.09	48	yes	1297.2
17/0900	1.42	112	159	10.8	7.08	48	yes	1244.8
18/0930	1.22	112	136	10.2	7.03	46	Yes	1305.6
19/1000	1.22	112	136	11.2	6.99	46	Yes	1310.9
20/10:15	1.29	112	144	9.0	7.10	61	Yes	1286.1
21/9:45	1.50	112	168	9.7	7.13	64	Yes	1280.9
22/9:15	1.28	112	143	9.4	6.92	52	Yes	1689.4
23/0920	1.30	112	145	9.8	7.03	62	yes	1317.6
24/0935	1.38	112	154	8.5	7.08	62	yes	1308.3
25/1055	1.30	112	145	8.6	7.10	62	yes	1302.7
26/1115	1.33	112	148	7.9	7.08	62	yes	1262.2
27/0830	1.45	112	162	7.2	6.94	52	yes	1585.9
28/9:30	1.36	112	152	6.6	7.09	62	yes	1503.5
29/9:00	1.53	112	171	8.0	7.07	64	yes	1289.1
30/9:00	1.48	112	165	8.2	7.12	62	yes	1283.6
31/								

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

Revised September 2016

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