

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

County: Polk

Name: City of Dallas ID #41: 00248 WTP-: _____ Month/Year: Dec 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	.077	.077	.077	.071	.071	.071	.077
2	.077	.083	.095	.121	.055	.077	.121
3	.090	.121	.164	.083	.077	.079	.164
4	.083	.121	.077	.077	.078	.071	.121
5	.071	.071	.071	.061	.077	.071	.077
6	.077	.071	.070	.073	.071	.120	.120
7	.077	.077	.077	.071	.129	.071	.129
8	.071	.089	.077	.071	.071	.071	.089
9	.092	.071	.070	.077	.077	.077	.092
10	.071	.071	.086	.071	.061	.083	.086
11	.077	.083	.071	.071	.074	.071	.083
12	.061	.077	.077	.070	.071	.142	.142
13	.070	.070	.083	.077	.071	.071	.083
14	.071	.086	.071	.071	.077	.077	.086
15	.071	.071	.070	.071	.071	.060	.071
16	.077	.071	.084	.071	.071	.071	.084
17	.071	.102	.077	.071	.071	.071	.102
18	.071	.073	.070	.071	.077	.071	.077
19	.090	off	off	.071	.071	.071	.090
20	.071	.071	.071	.077	.071	.071	.077
21	.071	.071	.060	.072	.071	.071	.072
22	.071	.070	.071	.071	.089	.071	.089
23	.071	.071	.071	.104	.071	.071	.077
24	.077	.071	.071	.071	.077	.073	.077
25	.071	.071	.071	.077	.071	.071	.077
26	.071	.079	.071	.071	.077	.077	.079
27	.071	.071	.071	.070	.071	.060	.071
28	.077	.070	.084	.071	.071	.077	.084
29	.071	.107	.070	.070	.071	.071	.107
30	.123	.071	.071	.077	.070	.071	.123
31	.071	.071	.071	.070	.071	.077	.077

Conventional or Direct Filtration Monthly Summary 95% of the 4-hour turbidity readings ≤ 0.3 NTU? <u>Yes / No</u> All the 4-hour turbidity readings ≤ 1 NTU? <u>Yes / No</u> All turbidity readings < IFE ² triggers? <u>Yes / No</u> ²		Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <u>Yes / No</u> All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <u>Yes / No</u>	
Notes: 		PRINTED NAME: <u>Jason Anderson</u> SIGNATURE: <u>[Signature]</u> DATE: <u>1/3/24</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: DEC 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 / 10:15	1.42	112	159	7.6	7.23	62	Y	1305.2
2 / 09:00	1.55	112	173	7.8	7.21	62	Y	1308.2
3 / 09:30	1.32	112	147	9.4	7.42	61	Y	1563.3
4 / 13:05	1.57	112	175	10.8	6.94	40	Y	1580.8
5 / 08:30	1.65	112	184	10.6	6.66	40	Y	1494.1
6 / 9:40	1.70	112	190	12.9	6.86	41	Y	1507.2
7 / 7:30	1.91	112	213	12.9	6.91	41	Y	1332.2
8 / 07:20	1.90	112	212	10.2	6.98	41	Y	1340.8
9 / 07:45	1.92	112	215	11.4	7.01	50	Y	1360.4
10 / 07:50	1.70	112	190	11.4	7.11	49	Y	1320.7
11 / 09:15	1.85	112	207	10.6	6.80	41	Y	1309.2
12 / 08:50	1.70	112	190	10.6	7.00	49	Y	1388.0
13 / 08:40	1.57	112	175	9.5	6.96	53	Y	1387.4
14 / 08:20	1.47	112	164	10.7	7.02	47	Y	1398.5
15 / 09:00	1.61	112	180	9.2	7.14	64	Y	1343.1
16 / 09:00	1.48	112	165	10.8	7.21	47	Y	1345.4
17 / 10:00	1.41	112	157	10.8	7.27	47	Y	1213.2
18 / 10:15	1.48	112	165	10.3	7.24	47	Y	1206.0
19 / 09:15	1.50	112	168	10.5	7.26	47	Y	1490.2
20 / 09:30	1.42	112	159	9.8	7.19	62	Y	1505.3
21 / 09:15	1.47	112	164	8.7	7.27	62	Y	1470.0
22 / 09:30	1.35	112	151	10.1	7.18	47	Y	1182.5
23 / 08:30	1.41	112	157	9.4	7.18	62	Y	1222.8
24 / 10:00	1.51	112	169	10.0	7.13	48	Y	1193.8
25 / 10:30	1.55	112	173	9.4	7.26	64	Y	1678.8
26 / 10:00	1.50	112	168	8.3	7.12	64	Y	1378.5
27 / 13:30	1.33	112	148	9.9	7.26	62	Y	1303.4
28 / 07:45	1.41	112	157	8.7	7.00	62	Y	1387.1
29 / 09:15	1.31	112	146	9.6	7.03	62	Y	1366.7
30 / 10:00	1.29	112	144	9.9	7.05	62	Y	1290.9
31 / 10:20	1.42	112	159	10.2	7.09	47	Y	1289.2

³ If 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