

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

County: Polk

Name: City of Dallas ID #41: 06248 WTP-: _____ Month/Year: Jan 2024

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	.071	.071	.071	.071	.071	.071	.071
2	.055	.071	.071	.084	.071	.071	.084
3	.071	.071	.102	.071	.071	.071	.102
4	.071	.123	.071	.071	.077	.071	.123
5	.071	.071	.071	.071	.071	.060	.071
6	.071	.071	.071	.071	.071	.071	.071
7	.071	.117	.071	.071	.071	.071	.117
8	.071	.071	.071	.083	.071	.071	.083
9	.071	.071	.136	.071	.070	.077	.136
10	.071	.077	.071	.110	.071	.073	.110
11	.071	.077	.077	.071	.071	.072	.077
12	.071	.079	.071	.095	.071	.071	.095
13	.071	.071	.071	.071	.071	.071	.071
14	.083	.071	.071	.071	.072	.071	.083
15	.071	.071	.066	.076	.071	.071	.076
16	.071	.078	.084	.071	.067	.077	.084
17	.077	.077	.071	.085	.071	.071	.085
18	.071	.071	.083	.077	.077	.071	.083
19	.070	.071	.071	.070	.071	.066	.071
20	.077	.077	.071	.071	.072	.071	.077
21	.072	.071	.061	.077	.077	.077	.077
22	.071	.085	.071	.110	.071	.070	.110
23	.077	.077	.071	.071	.071	.071	.083
24	.072	.092	.071	.089	.077	.083	.092
25	.071	.091	.072	.092	.071	.071	.092
26	.071	.071	.064	.072	.064	.063	.072
27	.064	.083	.071	.071	.064	.064	.083
28	.092	.127	.079	.115	.070	.071	.127
29	.064	.086	.072	.073	.064	.095	.095
30	.071	.071	.064	.064	.064	.064	.071
31	.064	.064	.071	.071	.064	.064	.071

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>2/1/24</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:

Jan 2024

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]
1/1020	1.39	112	155	10.1	7.06	47	Yes	1293.2
2/0830	1.47	112	164	8.9	7.15	62	Yes	1299.4
3/0945	1.41	112	157	10.1	7.20	47	Yes	1287.9
4/0750	1.42	112	159	8.8	7.14	62	Yes	1299.8
5/0830	1.35	112	151	9.7	7.25	62	Yes	1354.7
6/0830	1.98	112	109	8.3	7.23	60	Yes	1298.7
7/10100	1.09	112	122	8.0	7.20	60	Yes	1291.6
8/0915	1.11	112	124	8.8	7.01	61	Yes	1291.0
9/1115	1.43	112	160	9.1	7.22	62	Yes	1279.6
10/0830	1.29	112	144	8.2	7.14	61	Yes	1288.6
11/0815	1.31	112	146	9.4	7.13	62	Yes	1310.9
12/0830	1.46	112	163	8.5	7.07	62	Yes	1295.2
13/830	1.26	112	141	7.5	7.30	62	Yes	1353.2
14/0950	1.56	112	175	6.7	7.28	62	Yes	1336.3
15/1000	1.68	112	188	7.6	7.21	64	Yes	1353.2
16/0830	1.46	112	163	5.4	7.23	62	Yes	1344.3
17/1000	1.41	112	157	6.9	7.20	62	Yes	1559.6
18/0930	1.41	112	157	7.5	7.17	62	Yes	1987.9
19/1100	1.60	112	179	6.1	7.11	64	Yes	1971.4
20/1000	1.48	112	165	9.3	7.05	62	Yes	1449.4
21/1600	1.61	112	180	9.0	7.18	64	Yes	1543.0
22/1015	1.55	112	174	9.0	7.22	64	Yes	1543.6
23/0830	1.45	112	162	8.4	7.16	64	Yes	1529.7
24/0810	1.34	112	150	9.0	7.13	62	Yes	1337.2
25/1020	1.38	112	155	8.5	7.41	62	Yes	1360.5
26/1120	1.22	112	136	9.2	7.25	61	Yes	1362.1
27/1000	1.45	112	162	11.7	7.15	47	Yes	1346.1
28/1000	1.22	112	136	12.2	7.12	61	Yes	1655.6
29/1130	1.13	112	126	10.6	6.81	37	Yes	1638.6
30/0830	1.32	112	148	9.8	7.13	62	Yes	1359.3
31/0820	1.42	112	158	9.9	7.14	64	Yes	1362.2

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