

Resubmitted 3/17/23, fixing Typo
on Feb 17/18
-AP

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Clackamas

Conventional or Direct Filtration

Month/Year: Feb-23

System Name: City of Molalla ID#: 41 00534 WTP : TP - A

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	OFF	OFF	0.03	0.04	0.03	0.03	0.07
2	OFF	OFF	0.03	0.03	0.07	OFF	0.07
3	OFF	OFF	0.03	0.03	0.03	OFF	0.04
4	OFF	OFF	OFF	0.03	0.03	0.03	0.03
5	OFF	OFF	OFF	0.05	0.03	0.03	0.07
6	OFF	OFF	0.03	0.03	OFF	OFF	0.07
7	OFF	OFF	0.03	0.04	0.03	OFF	0.07
8	OFF	OFF	OFF	0.02	0.02	OFF	0.05
9	OFF	OFF	0.03	0.02	0.02	OFF	0.05
10	OFF	OFF	0.02	0.02	OFF	OFF	0.04
11	OFF	OFF	0.02	0.02	OFF	OFF	0.02
12	OFF	OFF	0.02	0.03	0.03	0.02	0.06
13	OFF	OFF	0.02	0.03	0.03	0.02	0.03
14	OFF	OFF	0.02	0.02	0.03	0.02	0.05
15	OFF	OFF	0.02	0.02	0.02	OFF	0.03
16	OFF	OFF	0.02	0.02	0.04	0.03	0.06
17	OFF	OFF	0.03	0.02	0.02	OFF	0.03
18	OFF	OFF	0.03	0.02	0.02	0.04	0.06
19	OFF	OFF	OFF	0.03	0.02	0.02	0.04
20	OFF	OFF	OFF	0.02	0.02	OFF	0.03
21	OFF	OFF	0.02	0.03	0.02	0.02	0.07
22	OFF	OFF	OFF	0.02	0.02	OFF	0.03
23	OFF	OFF	0.02	0.02	0.02	0.05	0.09
24	OFF	OFF	OFF	0.02	0.02	OFF	0.04
25	OFF	OFF	0.02	0.04	0.03	0.03	0.06
26	0.03	OFF	OFF	0.02	0.02	0.03	0.04
27	OFF	OFF	0.02	0.02	0.02	0.02	0.06
28	OFF	OFF	0.02	0.02	0.03	0.03	0.05
29							
30							
31							

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		
All turbidity readings < IFE ² triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		
Notes:	PRINTED NAME: ANDY PETERS, PW DN MANAGER	
	SIGNATURE: <i>[Signature]</i>	DATE: 3/17/23
	PHONE #: (503) 759-0502 x0220	CERT #:

¹ Including continuous NTU 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. (333-061-0040(1)(e)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :	A
Disinfection <i>Giardia</i> Log Inactiv:	0.5

System Name:	City of Molalla	ID#: 41	00534	Month/Year:	23-Feb
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1 / 08:00	0.84	90	75.6	7.1	7.72	29.7	YES	837
2 / 13:00	0.87	90	78.3	6.5	7.73	31.1	YES	794
3 / 16:45	0.86	90	77.4	6.4	7.76	31.6	YES	797
4 / 11:35	0.85	90	76.5	7.3	7.86	30.8	YES	843
5 / 10:15	0.85	90	76.5	7.0	7.91	32.0	YES	845
6 / 07:45	0.83	90	74.7	7.5	7.84	30.1	YES	852
7 / 20:05	0.81	90	72.9	7.5	7.84	30.0	YES	814
8 / 08:15	0.8	90	72.0	8.7	7.72	26.5	YES	766
9 / 10:20	0.81	90	72.9	8.7	7.70	26.3	YES	793
10 / 14:20	0.82	90	73.8	8.4	7.78	27.7	YES	732
11 / 12:20	0.81	90	72.9	8.6	7.87	28.2	YES	823
12 / 10:30	0.85	90	76.5	8.7	7.79	27.3	YES	860
13 / 18:35	0.86	90	77.4	8.4	7.88	28.8	YES	815
14 / 19:45	0.86	90	77.4	8.1	7.77	28.3	YES	812
15 / 19:30	0.87	90	78.3	8.4	7.80	28.0	YES	832
16 / 18:40	0.9	90	81.0	8.8	7.67	26.1	YES	824
17 / 11:30	0.91	90	81.9	7.7	7.76	29.1	YES	919
18 / 11:15	0.86	90	77.4	7.7	7.90	30.5	YES	820
19 / 10:30	0.86	90	77.4	8.0	7.73	28.1	YES	856
20 / 13:15	0.85	90	76.5	8.4	7.92	29.2	YES	880
21 / 12:30	0.82	90	73.8	9.2	7.69	25.4	YES	738
22 / 10:30	0.84	90	75.6	8.6	7.67	26.3	YES	983
23 / 16:15	0.86	90	77.4	7.8	7.77	28.9	YES	1008
24 / 10:35	0.87	90	78.3	7.1	7.80	30.6	YES	925
25 / 16:45	0.87	90	78.3	6.6	7.77	31.3	YES	899
26 / 19:00	0.86	90	77.4	6.6	7.81	31.8	YES	925
27 / 14:15	0.92	90	82.8	7.7	7.79	29.5	YES	838
28 / 07:50	0.85	90	76.5	7.5	7.80	29.7	YES	1016

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