

<b>OHA - Drinking Water Services -Turbidity Monitoring Report Form</b>							County:	
<b>Conventional or Direct Filtration</b>							Clackamas	
							Month/Year:	
							Jun-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 <sup>1</sup> [NTU]	
1	0.03	0.03	0.05	0.04	0.04	0.03	0.14	
2	0.03	OFF	0.03	0.03	0.03	0.03	0.07	
3	0.04	OFF	0.03	0.03	0.03	OFF	0.05	
4	0.03	0.03	0.05	0.04	0.03	0.03	0.07	
5	OFF	0.03	0.03	0.03	0.05	0.04	0.06	
6	0.04	OFF	0.03	0.03	0.06	0.04	0.06	
7	0.03	0.03	0.03	0.03	0.03	0.03	0.07	
8	0.03	OFF	0.03	0.06	0.03	OFF	0.06	
9	0.03	0.03	0.03	0.03	0.04	OFF	0.07	
10	0.03	0.03	0.03	OFF	0.03	0.03	0.04	
11	0.03	OFF	0.06	0.03	0.03	0.03	0.07	
12	0.03	OFF	0.03	0.03	0.04	0.03	0.06	
13	0.03	OFF	0.03	0.03	0.03	0.04	0.06	
14	0.03	0.03	OFF	0.03	0.03	0.03	0.08	
15	0.05	OFF	0.04	0.03	0.03	0.03	0.08	
16	0.03	0.03	0.03	0.04	0.03	0.03	0.07	
17	OFF	0.03	0.03	0.03	0.03	0.04	0.06	
18	OFF	0.04	0.03	0.03	0.03	0.03	0.04	
19	OFF	0.03	0.04	0.03	0.03	OFF	0.07	
20	0.03	0.02	0.02	OFF	0.03	0.03	0.09	
21	OFF	0.03	0.03	0.03	0.03	0.03	0.06	
22	0.04	OFF	0.03	0.03	0.03	0.03	0.06	
23	0.03	0.03	0.04	0.03	0.03	0.03	0.07	
24	OFF	0.03	0.03	0.03	0.04	0.03	0.05	
25	0.03	0.03	0.03	0.03	0.03	0.04	0.05	
26	0.04	0.03	0.03	0.03	0.03	0.03	0.05	
27	0.04	OFF	0.03	0.03	0.05	0.03	0.07	
28	0.03	0.04	0.04	OFF	0.03	OFF	0.07	
29	0.03	OFF	0.03	0.03	OFF	0.03	0.10	
30	0.04	OFF	0.05	0.03	OFF	0.03	0.05	
<b>Conventional or Direct Filtration</b>					<b>Monthly Summary (Answer Yes or No)</b>			
95% of 4-hour turbidity readings ≤ 0.3 NTU?		Yes / No			CT's met everyday? (see back)		All Cl2 residual at entry point ≥ 0.2 mg/l?	
All 4-hour turbidity readings ≤ 1 NTU?		Yes / No			Yes / No		Yes / No	
All turbidity readings < IFE <sup>2</sup> triggers		Yes / No						
<b>Notes:</b>					PRINTED NAME: Katelynn Niece			
					SIGNATURE: <i>Katelynn Niece</i>		DATE: 7/3/23	
					PHONE #: ( 503 ) 829-5408		CERT#: T08621	

<sup>1</sup> 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.

<sup>2</sup> IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

<b>OHA - Drinking Water Program - Surface Water Quality Data Form</b>						<b>WTP - :</b>	<b>A</b>
<b>System Name:</b>	<b>City of Molalla</b>	<b>ID#: 41</b>	<b>00534</b>	<b>Month/Year:</b>	<b>23-Jun</b>	<b>Disinfection Giardia Log Inactive:</b>	<b>0.5</b>

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	<b>C X T</b>	[° C]		formula	Yes / No	[GPM]
1 / 15:57	0.77	90	69.3	14.9	7.74	17.6	YES	1478
2 / 05:05	0.78	90	70.3	14.6	7.75	18.0	YES	1463
3 / 19:12	0.82	90	74.0	16.0	7.73	16.4	YES	1376
4 / 20:12	0.82	90	73.7	16.0	7.71	16.2	YES	2143
5 / 20:27	0.78	90	70.0	16.7	7.84	16.2	YES	1817
6 / 20:30	0.78	90	70.0	17.5	7.82	15.2	YES	1678
7 / 20:10	0.77	90	69.5	17.8	7.78	14.7	YES	1872
8 / 17:25	0.77	90	69.7	18.0	7.81	14.7	YES	1890
9 / 07:43	0.77	90	69.2	17.6	7.80	15.0	YES	1897
10 / 14:23	0.76	90	68.8	17.4	7.81	15.2	YES	1754
11 / 19:34	0.75	90	67.8	17.4	7.81	15.2	YES	1567
12 / 05:05	0.73	90	66.0	17.4	7.83	15.3	YES	1694
13 / 05:12	0.72	90	65.0	18.5	7.85	14.3	YES	1662
14 / 05:08	0.73	90	66.0	18.9	7.81	13.8	YES	1687
15 / 05:06	0.74	90	66.8	18.8	7.80	13.8	YES	1605
16 / 14:42	0.78	90	70.0	19.0	7.87	14.1	YES	1757
17 / 05:06	0.77	90	69.0	18.5	7.88	14.6	YES	1577
18 / 05:09	0.81	90	72.5	18.5	7.93	14.9	YES	2004
19 / 05:09	0.85	90	76.5	17.0	7.96	16.7	YES	1297
20 / 15:31	0.84	90	75.4	16.9	7.90	16.4	YES	1518
21 / 05:16	0.82	90	73.9	17.2	7.91	16.1	YES	1413
22 / 18:53	0.83	90	74.7	17.1	7.85	15.9	YES	1865
23 / 05:08	0.86	90	77.4	17.4	7.86	15.7	YES	1668
24 / 18:41	0.82	90	73.9	19.0	7.85	14.0	YES	1637
25 / 21:05	0.81	90	72.9	19.5	7.87	13.6	YES	1624
26 / 16:26	0.79	90	71.5	20.2	7.87	13.0	YES	2046
27 / 11:00	0.79	90	71.5	20.5	7.87	12.7	YES	2214
28 / 15:25	0.80	90	72.0	20.7	7.92	12.8	YES	2038
29 / 11:19	0.80	90	72.2	21.1	7.91	12.4	YES	2797
30 / 10:18	0.81	90	72.7	21.4	7.93	12.2	YES	2443

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

**Return by 10th of following month by email, fax, or mail to:**

**[dwp.dmce@oha.oregon.gov](mailto:dwp.dmce@oha.oregon.gov); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350**