

OHA - Drinking Water Services -Turbidity Monitoring Report Form Conventional or Direct Filtration							County: Clackamas
							Month/Year: Jul-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	OFF	0.03	0.03	OFF	0.03	0.04
2	0.03	OFF	0.04	0.03	0.03	0.03	0.05
3	0.03	0.03	0.04	0.03	0.03	0.03	0.08
4	0.03	0.03	0.03	0.03	0.03	0.03	0.09
5	0.03	OFF	0.04	OFF	0.05	0.03	0.07
6	0.03	0.03	0.03	0.04	0.03	0.03	0.19
7	0.03	0.03	0.03	0.03	0.03	0.03	0.05
8	0.03	0.03	OFF	0.03	0.03	0.04	0.05
9	0.03	0.04	0.03	0.03	0.03	0.03	0.06
10	0.04	0.04	0.03	0.03	0.03	0.03	0.05
11	OFF	0.03	0.04	0.03	0.03	0.03	0.15
12	0.03	0.03	0.03	0.03	0.04	0.03	0.07
13	0.03	0.03	0.03	0.03	0.03	0.04	0.05
14	0.03	0.03	0.03	0.04	0.03	0.03	0.05
15	0.03	0.03	0.03	0.03	0.03	0.03	0.08
16	0.03	0.03	0.03	0.04	0.03	0.03	0.06
17	0.04	0.03	0.03	0.03	0.03	0.03	0.05
18	0.03	0.03	0.03	OFF	0.03	OFF	0.10
19	OFF	0.03	0.03	0.03	0.03	0.03	0.05
20	0.03	0.03	0.03	0.03	0.03	0.03	0.06
21	0.04	0.03	0.03	0.03	0.04	0.03	0.06
22	0.03	0.03	0.03	0.03	0.03	0.03	0.06
23	0.03	0.03	0.03	0.03	0.03	0.03	0.07
24	0.03	0.03	0.03	0.03	0.03	0.03	0.06
25	OFF	0.03	0.03	0.03	0.03	0.03	0.06
26	0.03	OFF	0.03	0.03	0.04	0.03	0.05
27	0.03	OFF	0.03	OFF	0.03	0.03	0.04
28	0.03	0.03	0.03	OFF	0.03	0.03	0.05
29	0.03	0.03	0.03	0.03	0.03	0.03	0.05
30	0.03	OFF	0.03	0.03	0.03	0.03	0.05
31	0.03	0.03	0.03	0.04	0.03	0.03	0.06

Conventional or Direct Filtration			Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="radio"/> Yes / No	CT's met everyday? (see back)	<input checked="" type="radio"/> Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / No			
All turbidity readings < IFE <sup>2</sup> triggers	<input checked="" type="radio"/> Yes / No			

Notes:	PRINTED NAME: Katelynn Niece	
	SIGNATURE: <i>Katelynn Niece</i>	DATE: 8/4/23
	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>	City of Molalla	<b>ID#:</b> 41	00534	<b>Month/Year:</b>	23-Jul	<b>Disinfection Giardia Log Inactive:</b>	0.5

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 / 12:09	0.80	90	71.7	21.6	7.88	11.8	YES	1822
2 / 21:06	0.80	90	72.2	22.2	7.87	11.4	YES	1792
3 / 05:06	0.82	90	74.0	21.9	7.88	11.7	YES	1914
4 / 08:18	0.80	90	71.7	22.1	7.90	11.6	YES	1904
5 / 20:33	0.81	90	73.0	21.9	7.91	11.7	YES	2077
6 / 21:06	0.82	90	73.7	22.8	7.96	11.3	YES	1895
7 / 12:03	0.82	90	73.4	22.6	7.93	11.3	YES	3400
8 / 11:54	0.79	90	71.2	22.7	7.95	11.3	YES	1807
9 / 05:06	0.79	90	71.2	22.2	7.93	11.6	YES	1728
10 / 05:06	0.80	90	71.9	21.8	7.94	12.0	YES	2056
11 / 05:06	0.81	90	73.0	21.4	8.00	12.6	YES	1836
12 / 05:09	0.85	90	76.2	21.3	8.01	12.8	YES	2090
13 / 20:15	0.82	90	74.2	21.9	7.93	11.9	YES	1831
14 / 05:06	0.76	90	68.7	22.2	7.91	11.5	YES	2073
15 / 11:18	0.72	90	65.0	23.1	7.91	10.7	YES	1925
16 / 21:03	0.67	90	60.0	23.5	7.91	10.4	YES	2031
17 / 05:09	0.68	90	61.2	24.0	7.94	10.2	YES	2150
18 / 19:36	0.78	90	70.2	23.5	7.96	10.7	YES	2459
19 / 05:09	0.75	90	67.2	23.7	8.00	10.7	YES	1983
20 / 07:30	0.76	90	68.2	23.6	8.03	10.9	YES	1844
21 / 05:06	0.79	90	71.0	23.3	8.04	11.2	YES	1992
22 / 08:15	0.78	90	69.9	23.8	8.05	10.9	YES	2360
23 / 14:15	0.78	90	70.4	23.9	8.00	10.6	YES	2313
24 / 08:03	0.68	90	61.2	24.0	8.02	10.5	YES	2208
25 / 05:06	0.79	90	71.0	23.7	7.92	10.5	YES	1944
26 / 05:06	0.82	90	73.4	22.7	7.98	11.5	YES	2016
27 / 19:48	0.81	90	72.7	22.5	7.96	11.5	YES	2906
28 / 05:03	0.79	90	71.4	22.5	7.92	11.3	YES	2004
29 / 05:03	0.81	90	72.9	22.1	7.89	11.5	YES	1748
30 / 05:03	0.81	90	72.9	22.0	7.85	11.4	YES	1727
31 / 12:00	0.81	90	72.9	22.3	7.85	11.2	YES	2065

<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