

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

County: **Clackamas**
 Month/Year: **Aug-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	0.03	0.03	0.03	OFF	0.04	0.03	0.04	
2	0.03	0.03	0.03	OFF	0.03	0.03	0.07	
3	0.03	0.03	0.03	OFF	0.03	0.03	0.05	
4	0.03	0.03	0.03	OFF	0.03	0.03	0.04	
5	0.03	0.03	0.03	0.04	0.03	0.03	0.05	
6	OFF	0.03	0.03	0.03	0.03	0.03	0.09	
7	0.03	0.03	0.03	0.04	0.03	0.03	0.18	
8	0.03	0.03	0.03	OFF	0.03	0.03	0.11	
9	0.03	0.03	OFF	0.03	0.04	0.03	0.05	
10	0.03	0.03	0.04	0.05	0.03	0.03	0.06	
11	0.03	0.03	0.03	0.04	0.03	0.03	0.05	
12	0.03	0.03	0.03	0.03	0.03	0.03	0.06	
13	0.03	OFF	0.03	0.04	0.05	0.03	0.22	
14	OFF	0.03	0.03	0.03	OFF	0.04	0.10	
15	0.04	OFF	0.03	0.03	0.04	0.03	0.11	
16	OFF	0.03	0.04	0.04	0.05	0.05	0.10	
17	OFF	0.03	OFF	0.03	0.04	OFF	0.09	
18	OFF	0.03	OFF	0.03	0.04	0.03	0.05	
19	OFF	OFF	0.03	0.04	0.03	0.03	0.04	
20	OFF	OFF	0.03	0.03	OFF	0.03	0.04	
21	OFF	OFF	0.03	0.03	OFF	0.03	0.04	
22	OFF	0.03	0.03	0.03	OFF	0.03	0.09	
23	OFF	0.03	0.03	0.03	OFF	0.03	0.03	
24	0.03	OFF	0.03	0.04	0.04	OFF	0.05	
25	0.03	0.03	OFF	0.03	0.03	OFF	0.06	
26	0.03	0.03	0.04	0.04	OFF	OFF	0.05	
27	0.03	OFF	0.03	0.04	OFF	OFF	0.05	
28	0.03	OFF	0.03	OFF	0.03	OFF	0.05	
29	0.03	0.03	OFF	0.03	0.04	OFF	0.04	
30	OFF	0.03	0.03	OFF	0.03	0.03	0.04	
31	OFF	OFF	0.03	OFF	0.03	0.03	0.04	

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

Notes:	PRINTED NAME: Katelynn Niece	
	SIGNATURE: <i>Kate Niece</i>	DATE: 09/07/23
	PHONE #: (503) 829-5408	CERT #: T08621

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 = Indivd. Filter Effl. (333-061-0040(1)(d)(B&C))

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

Date / Time	Minimum Cl ₂ Residual at 1st 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]		formula	Yes / No	[GPM]
1 / 09:24	0.82	90	73.4	22.4	7.87	11.2	YES	2600
2 / 05:06	0.81	90	72.5	22.2	7.83	11.2	YES	2091
3 / 20:16	0.80	90	72.2	22.8	7.79	10.6	YES	1821
4 / 05:05	0.81	90	73.0	22.6	7.82	10.8	YES	2120
5 / 05:05	0.83	90	74.4	22.6	7.86	11.1	YES	1876
6 / 05:07	0.81	90	72.7	22.1	7.87	11.4	YES	1913
7 / 05:06	0.84	90	75.7	22.1	7.91	11.7	YES	1960
8 / 05:06	0.84	90	75.2	22.3	7.91	11.5	YES	1873
9 / 05:07	0.85	90	76.4	22.9	7.86	10.9	YES	1954
10 / 19:44	0.80	90	71.9	23.2	7.85	10.5	YES	2196
11 / 05:11	0.79	90	71.5	23.0	7.86	10.7	YES	1914
12 / 12:36	0.75	90	67.5	23.4	7.87	10.4	YES	1811
13 / 16:08	0.81	90	72.7	24.1	7.85	9.9	YES	2158
14 / 20:10	0.85	90	76.6	24.8	7.90	9.7	YES	2175
15 / 06:06	0.83	90	74.9	24.7	7.91	9.8	YES	2146
16 / 05:06	0.83	90	74.4	25.5	8.02	9.6	YES	2048
17 / 06:57	0.80	90	71.9	25.6	7.98	9.4	YES	1964
18 / 05:06	0.79	90	71.0	25.2	8.07	9.9	YES	1916
19 / 05:05	0.76	90	68.5	24.5	8.11	10.6	YES	1629
20 / 05:05	0.77	90	69.7	23.5	8.16	11.5	YES	1689
21 / 05:06	0.82	90	73.7	22.6	8.13	12.2	YES	1891
22 / 06:03	0.82	90	74.0	21.4	8.19	13.5	YES	1942
23 / 06:22	0.87	90	77.9	20.3	8.18	14.6	YES	1724
24 / 06:21	0.90	90	81.1	20.1	8.11	14.4	YES	1771
25 / 06:05	0.90	90	80.6	20.5	8.03	13.6	YES	1609
26 / 06:03	0.86	90	77.4	21.2	8.07	13.1	YES	1544
27 / 05:06	0.82	90	74.2	21.8	8.05	12.5	YES	1483
28 / 19:09	0.84	90	75.2	21.9	8.08	12.6	YES	2367
29 / 06:03	0.84	90	75.2	21.4	8.04	12.8	YES	1657
30 / 13:09	0.83	90	74.7	21.1	8.08	13.3	YES	1599
31 / 06:03	0.78	90	70.5	20.7	8.10	13.6	YES	1318

³ If Cl₂ 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; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350