

OHA - Drinking Water Services -Turbidity Monitoring Report Form Conventional or Direct Filtration							County:	Clackamas		
							Month/Year:	Sep-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	OFF	0.04			
2	OFF	OFF	0.03	OFF	OFF	0.03	0.04			
3	OFF	OFF	0.03	0.04	0.03	OFF	0.05			
4	0.03	OFF	OFF	0.03	OFF	OFF	0.04			
5	0.03	OFF	0.03	OFF	OFF	0.03	0.03			
6	OFF	OFF	0.03	0.03	0.03	0.03	0.04			
7	OFF	OFF	0.03	0.03	OFF	OFF	0.05			
8	OFF	0.03	0.03	0.04	OFF	OFF	0.05			
9	OFF	OFF	0.03	0.03	OFF	0.03	0.05			
10	OFF	OFF	0.03	0.04	OFF	0.03	0.05			
11	OFF	OFF	0.03	0.03	0.03	0.03	0.04			
12	0.03	0.03	OFF	0.03	0.03	0.03	0.04			
13	0.03	OFF	0.03	0.03	0.03	0.03	0.05			
14	OFF	OFF	0.03	0.03	0.04	0.03	0.07			
15	0.03	OFF	0.03	0.04	0.03	0.03	0.05			
16	0.03	OFF	OFF	0.04	0.03	0.03	0.07			
17	0.03	OFF	0.04	0.04	0.03	0.03	0.05			
18	0.03	OFF	0.03	0.04	0.03	0.03	0.07			
19	OFF	0.03	0.03	0.03	0.03	0.03	0.05			
20	OFF	OFF	0.03	0.03	0.03	0.03	0.10			
21	OFF	OFF	0.03	0.04	0.03	0.03	0.06			
22	OFF	OFF	0.03	0.03	0.04	OFF	0.09			
23	OFF	0.03	0.03	0.03	OFF	0.03	0.04			
24	0.03	OFF	0.05	0.03	OFF	0.03	0.08			
25	0.03	OFF	OFF	0.03	0.03	0.03	0.07			
26	OFF	0.03	0.03	0.03	0.03	0.03	0.05			
27	OFF	OFF	0.03	0.03	0.03	0.03	0.05			
28	OFF	OFF	0.03	0.03	0.03	0.03	0.05			
29	OFF	OFF	0.03	0.03	0.03	0.03	0.05			
30	OFF	OFF	0.04	0.03	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)		All Cl ₂ 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 ² triggers					Yes / No		Yes / No		Yes / No	
Notes:					PRINTED NAME: Katelynn Niece					
					SIGNATURE: <i>Kate Niece</i>				DATE: 10/2/23	
					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 = Individ. 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/Yr.:	23-Sept.	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 / 06:02	0.77	90	69.7	20.4	8.11	14.0	YES	1372
2 / 06:01	0.72	90	64.8	19.7	8.10	14.5	YES	1230
3 / 06:02	0.67	90	60.6	19.6	8.01	14.0	YES	1266
4 / 05:06	0.69	90	62.0	20.0	8.02	13.8	YES	1255
5 / 06:03	0.75	90	67.5	19.5	8.09	14.7	YES	1456
6 / 17:26	0.84	90	75.7	19.4	8.01	14.5	YES	1587
7 / 06:03	0.79	90	71.0	19.0	8.05	15.0	YES	1318
8 / 05:12	0.80	90	72.2	18.9	8.15	15.8	YES	1474
9 / 11:42	0.84	90	75.2	18.9	8.25	16.4	YES	1261
10 / 19:13	0.84	90	75.9	19.3	8.30	16.2	YES	1320
11 / 16:50	0.85	90	76.4	19.7	8.31	15.9	YES	1569
12 / 06:08	0.84	90	75.4	19.4	8.40	16.7	YES	1416
13 / 06:05	0.80	90	72.2	19.6	8.46	16.9	YES	1394
14 / 20:06	0.82	90	73.9	20.4	8.43	15.8	YES	1441
15 / 05:06	0.82	90	73.4	19.9	8.49	16.7	YES	1420
16 / 07:21	0.84	90	75.2	20.1	8.45	16.3	YES	1036
17 / 19:36	0.85	90	76.5	20.4	8.47	16.1	YES	1560
18 / 06:09	0.84	90	75.9	19.8	8.52	17.0	YES	1376
19 / 07:12	0.84	90	75.2	18.9	8.51	18.1	YES	1438
20 / 06:21	0.84	90	75.2	18.7	8.47	18.0	YES	1361
21 / 16:12	0.89	90	80.1	18.3	8.40	18.1	YES	1613
22 / 06:16	0.86	90	77.7	17.8	8.46	19.1	YES	1141
23 / 13:37	0.89	90	80.1	17.2	8.29	18.7	YES	1130
24 / 17:44	0.87	90	78.7	17.0	8.22	18.5	YES	977
25 / 11:20	0.86	90	77.4	17.0	8.16	18.0	YES	1114
26 / 20:08	0.86	90	77.2	16.4	8.14	18.6	YES	1116
27 / 20:09	0.84	90	75.9	16.5	8.14	18.5	YES	1103
28 / 13:09	0.82	90	73.9	16.2	8.13	18.7	YES	1330
29 / 10:56	0.77	90	69.7	16.0	8.12	18.8	YES	1069
30 / 14:16	0.76	90	68.3	15.8	8.14	19.2	YES	1027

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