

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

County: **Clackamas**
 Month/Year: **Oct-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	0.02	0.05	0.03	0.03	0.05
2	OFF	OFF	0.03	0.03	0.04	OFF	0.04
3	OFF	OFF	0.03	0.03	0.03	OFF	0.04
4	OFF	OFF	0.04	0.03	0.03	OFF	0.04
5	OFF	OFF	0.03	0.03	0.03	0.03	0.12
6	OFF	OFF	0.03	0.03	0.03	OFF	0.09
7	OFF	OFF	0.03	0.03	0.03	0.03	0.05
8	OFF	OFF	0.03	0.04	0.03	0.03	0.08
9	OFF	OFF	0.03	0.03	OFF	0.03	0.09
10	0.04	0.03	OFF	0.03	OFF	OFF	0.05
11	0.03	OFF	0.03	0.03	0.03	OFF	0.07
12	0.04	0.03	OFF	0.03	0.03	OFF	0.05
13	OFF	0.03	0.03	0.06	0.03	OFF	0.09
14	OFF	OFF	0.03	0.03	0.03	OFF	0.05
15	OFF	OFF	0.02	0.04	0.03	0.03	0.07
16	OFF	OFF	0.03	0.03	0.03	0.03	0.07
17	OFF	OFF	OFF	0.03	0.03	0.03	0.04
18	OFF	OFF	0.02	0.03	0.03	0.03	0.09
19	OFF	OFF	0.03	0.03	0.03	OFF	0.05
20	OFF	OFF	0.03	0.03	0.03	OFF	0.05
21	OFF	OFF	0.03	0.03	0.03	OFF	0.05
22	OFF	OFF	0.03	0.04	0.03	0.03	0.06
23	OFF	OFF	0.03	0.03	0.04	0.03	0.05
24	OFF	OFF	OFF	0.03	0.03	OFF	0.04
25	OFF	OFF	0.03	0.03	0.03	0.03	0.14
26	OFF	OFF	0.02	0.02	0.03	OFF	0.05
27	OFF	OFF	0.02	0.02	0.02	OFF	0.03
28	OFF	OFF	0.02	0.03	0.03	OFF	0.04
29	OFF	OFF	0.03	0.02	0.02	OFF	0.03
30	OFF	OFF	0.02	0.03	0.03	OFF	0.07
31	OFF	OFF	0.03	0.03	0.03	OFF	0.07

Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

95% of 4-hour turbidity readings ≤ 0.3 NTU? Yes / No
 All 4-hour turbidity readings ≤ 1 NTU? Yes / No
 All turbidity readings < IFE² triggers Yes / No

CT's met everyday? (see back) Yes / No
 All Cl₂ residual at entry point ≥ 0.2 mg/l? Yes / No

Notes:

PRINTED NAME: **Katelynn Niece**
 SIGNATURE: *Katelynn Niece* DATE: **11/4/23**
 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/Year: 23-Oct		Disinfection Giardia 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 / 10:28	0.74	90	66.3	16.0	8.14	18.9	YES	1286
2 / 22:52	0.80	90	71.7	15.1	8.10	19.8	YES	1344
3 / 00:01	0.79	90	71.5	15.0	8.08	19.8	YES	1344
4 / 12:47	0.81	90	72.7	14.9	8.04	19.7	YES	1547
5 / 16:41	0.79	90	70.7	15.1	8.06	19.5	YES	1094
6 / 13:24	0.80	90	72.2	15.3	8.04	19.2	YES	1125
7 / 00:01	0.79	90	71.0	15.2	8.05	19.3	YES	3158
8 / 17:48	0.82	90	74.2	16.4	8.24	19.2	YES	1049
9 / 14:06	0.86	90	77.4	16.6	8.37	20.0	YES	1476
10 / 15:03	0.89	90	80.2	16.3	8.23	19.5	YES	988
11 / 13:03	0.88	90	79.4	16.2	8.12	18.8	YES	1553
12 / 11:14	0.85	90	76.9	16.0	8.09	18.8	YES	1200
13 / 11:22	0.83	90	74.7	15.5	7.95	18.4	YES	1300
14 / 12:36	0.82	90	73.5	14.8	7.93	19.0	YES	961
15 / 00:01	0.81	90	73.2	14.9	7.92	18.9	YES	1942
16 / 19:10	0.82	90	74.2	14.4	8.00	20.2	YES	959
17 / 18:40	0.81	90	73.0	14.7	8.04	20.0	YES	912
18 / 22:40	0.79	90	70.7	14.4	7.44	16.3	YES	1649
19 / 00:01	0.78	90	70.2	14.6	7.45	16.1	YES	2845
20 / 10:56	0.75	90	67.3	14.1	7.32	15.9	YES	907
21 / 12:16	0.75	90	67.5	14.0	7.45	16.7	YES	1070
22 / 18:26	0.82	90	73.5	13.8	7.62	18.2	YES	1240
23 / 19:20	0.87	90	78.2	13.5	7.82	20.1	YES	881
24 / 14:32	0.90	90	81.1	13.6	7.91	20.7	YES	950
25 / 09:05	0.91	90	82.1	13.6	7.98	21.3	YES	1122
26 / 09:48	0.96	90	86.1	12.4	7.96	23.0	YES	1094
27 / 19:07	0.98	90	88.6	12.0	7.95	23.5	YES	846
28 / 11:42	0.97	90	87.4	11.3	7.91	24.2	YES	965
29 / 07:51	0.99	90	89.3	10.5	7.90	25.5	YES	944
30 / 06:54	1.01	90	90.6	9.8	7.90	26.8	YES	875
31 / 09:06	1.02	90	91.6	9.3	7.87	27.6	YES	770

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