

# OHA - Drinking Water Services -Turbidity Monitoring Report Form

## Conventional or Direct Filtration

County: **Clackamas**  
 Month/Year: **Nov-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	OFF	OFF	0.03	0.03	0.04	OFF	0.07
2	OFF	OFF	0.03	0.03	0.04	0.03	0.04
3	OFF	OFF	0.03	0.03	0.03	OFF	0.05
4	OFF	OFF	0.03	0.03	0.03	0.05	0.06
5	OFF	0.09	0.03	0.03	OFF	0.03	0.16
6	OFF	OFF	0.03	0.03	OFF	OFF	0.05
7	0.02	0.03	0.19	0.03	0.03	OFF	0.21
8	OFF	OFF	0.03	0.02	0.03	0.02	0.11
9	OFF	OFF	0.02	0.03	0.03	OFF	0.08
10	OFF	OFF	0.03	0.03	0.03	0.03	0.06
11	OFF	OFF	0.02	0.02	0.02	OFF	0.06
12	OFF	OFF	0.03	0.03	0.02	0.02	0.06
13	OFF	OFF	0.02	0.02	0.02	OFF	0.06
14	OFF	OFF	0.02	0.02	0.03	OFF	0.09
15	OFF	0.02	0.02	OFF	0.04	0.03	0.05
16	OFF	OFF	0.02	0.02	0.03	OFF	0.05
17	OFF	OFF	0.02	0.02	0.03	OFF	0.07
18	OFF	OFF	0.02	0.02	0.02	OFF	0.05
19	OFF	0.02	0.02	0.03	OFF	OFF	0.06
20	0.02	0.02	0.02	OFF	0.03	0.03	0.05
21	OFF	0.02	0.02	0.02	0.03	OFF	0.06
22	0.02	OFF	0.02	0.03	0.02	OFF	0.06
23	0.02	OFF	0.02	0.02	OFF	0.02	0.04
24	OFF	OFF	0.02	0.03	0.02	0.02	0.07
25	OFF	OFF	OFF	0.02	0.02	0.02	0.04
26	OFF	OFF	0.02	0.03	0.02	0.02	0.05
27	OFF	OFF	OFF	0.02	0.03	0.03	0.04
28	OFF	OFF	OFF	0.02	0.02	0.03	0.04
29	OFF	OFF	0.02	0.02	0.04	OFF	0.05
30	OFF	OFF	0.02	0.07	0.03	OFF	0.12

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

**Notes:**

PRINTED NAME: **Katelynn Niece**

SIGNATURE: *Katelynn Niece* DATE: **12/4/23**

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))

OHA - Drinking Water Program - Surface Water Quality Data Form							WTP - :	A
System Name:	City of Molalla	ID#: 41	00534	Month/Year:	23-Nov	Disinfection <i>Giardia</i> Log Inactive:	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]	C X T	[° C]		formula	Yes / No	[GPM]
1 / 12:14	1.01	90	91.1	9.0	7.89	28.3	YES	1007
2 / 12:43	0.98	90	88.6	8.9	7.87	28.1	YES	1437
3 / 17:58	0.90	90	81.4	9.7	7.85	26.2	YES	807
4 / 11:25	0.86	90	77.4	10.4	7.81	24.6	YES	917
5 / 09:56	0.81	90	73.0	10.0	7.71	24.3	YES	983
6 / 14:16	0.81	90	72.7	12.1	7.63	20.6	YES	1183
7 / 20:02	0.81	90	73.2	11.6	7.62	21.1	YES	880
8 / 11:02	0.81	90	72.7	11.4	7.61	21.4	YES	1391
9 / 08:07	0.83	90	74.7	11.5	7.59	21.0	YES	891
10 / 09:18	0.88	90	78.9	11.2	7.60	21.7	YES	926
11 / 10:20	0.91	90	81.6	10.5	7.61	22.9	YES	1017
12 / 11:01	0.92	90	82.9	10.3	7.63	23.4	YES	964
13 / 08:36	0.94	90	84.6	10.4	7.69	23.7	YES	945
14 / 18:27	1.01	90	90.5	10.3	7.71	24.2	YES	890
15 / 08:28	1.00	90	90.3	10.4	7.71	24.1	YES	867
16 / 18:55	1.02	90	92.0	10.4	7.71	24.1	YES	848
17 / 17:02	1.01	90	91.3	10.6	7.69	23.7	YES	869
18 / 10:16	0.98	90	88.6	10.4	7.69	23.8	YES	954
19 / 11:05	0.95	90	85.4	10.0	7.73	24.8	YES	964
20 / 20:31	0.89	90	80.4	9.9	7.72	24.8	YES	928
21 / 13:05	0.87	90	78.7	9.5	7.70	25.1	YES	2113
22 / 10:11	0.85	90	76.9	9.7	7.69	24.7	YES	934
23 / 10:48	0.85	90	76.4	9.4	7.70	25.2	YES	1106
24 / 11:28	0.81	90	72.7	9.5	7.68	24.8	YES	910
25 / 11:01	0.83	90	75.0	9.0	7.70	25.9	YES	937
26 / 11:37	0.85	90	76.4	8.4	7.71	27.1	YES	976
27 / 09:30	0.88	90	78.9	8.0	7.71	27.9	YES	925
28 / 08:01	0.94	90	84.6	7.6	7.72	29.0	YES	928
29 / 17:46	0.96	90	86.6	6.7	7.69	30.6	YES	869
30 / 07:53	0.95	90	85.1	6.8	7.72	30.7	YES	1022

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