

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

County: **Clackamas**  
 Month/Year: **Dec-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	0.02	0.03	0.03	OFF	0.14
2	OFF	OFF	0.02	0.03	0.01	0.06	0.28
3	0.06	OFF	0.04	0.05	0.06	0.05	0.20
4	0.05	OFF	0.10	0.03	0.05	0.05	0.13
5	OFF	0.07	0.04	0.06	0.06	0.04	0.12
6	OFF	OFF	0.03	0.04	OFF	OFF	0.22
7	0.03	0.03	OFF	0.02	0.03	OFF	0.06
8	OFF	OFF	0.02	0.02	0.03	OFF	0.05
9	OFF	OFF	0.02	0.02	0.02	OFF	0.04
10	OFF	OFF	0.02	0.03	0.03	0.05	0.09
11	OFF	OFF	0.03	0.02	0.03	OFF	0.05
12	OFF	OFF	0.02	0.02	0.02	0.03	0.05
13	OFF	OFF	OFF	0.02	0.02	0.03	0.04
14	0.02	OFF	OFF	0.03	0.03	0.03	0.27
15	0.03	OFF	OFF	0.04	0.03	0.02	0.09
16	OFF	OFF	0.02	0.02	0.02	0.02	0.17
17	OFF	OFF	0.02	0.02	OFF	OFF	0.04
18	0.02	0.02	OFF	0.02	0.02	OFF	0.04
19	OFF	OFF	0.02	0.02	0.02	0.02	0.04
20	OFF	OFF	0.02	0.02	0.02	0.02	0.07
21	OFF	OFF	0.03	0.02	OFF	0.02	0.04
22	OFF	OFF	0.03	0.02	0.02	OFF	0.04
23	OFF	OFF	0.03	0.02	0.02	OFF	0.03
24	OFF	OFF	0.02	OFF	0.03	0.02	0.16
25	OFF	OFF	0.02	0.04	0.02	OFF	0.04
26	0.03	0.02	0.02	OFF	0.02	OFF	0.10
27	OFF	OFF	0.02	0.04	0.03	0.03	0.12
28	OFF	OFF	0.02	0.03	0.03	OFF	0.04
29	OFF	OFF	0.02	0.03	0.03	0.03	0.08
30	OFF	OFF	0.02	0.02	0.02	OFF	0.04
31	OFF	OFF	0.02	0.03	0.02	OFF	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 / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		
All turbidity readings < IFE <sup>2</sup> triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		

**Notes:**

PRINTED NAME: **Katelynn Niece**

SIGNATURE: *Katelynn Niece* DATE: **1/2/24**

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>	<b>City of Molalla</b>	<b>ID#: 41</b>	<b>00534</b>	<b>Month/Year: 23-Dec.</b>	<b>Disinfection Giardia Log Inactive:</b>	<b>0.5</b>	

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 / 10:26	0.94	90	84.4	6.4	7.71	31.3	YES	876
2 / 10:16	0.92	90	82.9	6.9	7.71	30.2	YES	947
3 / 10:31	0.87	90	78.4	7.5	7.05	22.8	YES	991
4 / 20:07	0.76	90	68.5	9.7	6.59	16.6	YES	884
5 / 18:59	0.77	90	69.0	11.0	6.06	12.8	YES	935
6 / 17:33	0.79	90	71.5	11.8	6.46	14.0	YES	913
7 / 07:22	0.83	90	74.7	11.8	6.52	14.4	YES	1036
8 / 10:44	0.87	90	77.9	11.4	6.66	15.5	YES	848
9 / 10:43	0.90	90	81.1	10.8	6.81	16.9	YES	920
10 / 10:45	0.94	90	84.9	9.6	6.94	19.3	YES	959
11 / 17:21	0.98	90	88.1	9.6	7.19	21.1	YES	920
12 / 18:24	0.98	90	88.6	9.9	7.07	19.9	YES	959
13 / 07:47	0.97	90	87.3	9.8	7.19	20.8	YES	945
14 / 09:09	0.98	90	88.6	9.4	7.40	23.2	YES	937
15 / 07:50	0.99	90	88.8	9.5	7.51	23.9	YES	952
16 / 10:01	0.98	90	88.6	9.3	7.66	25.5	YES	1000
17 / 11:30	1.00	90	90.1	8.6	7.74	27.5	YES	997
18 / 09:45	1.00	90	89.8	8.3	7.75	28.1	YES	895
19 / 13:14	0.99	90	89.1	8.4	7.79	28.4	YES	1044
20 / 16:31	0.97	90	87.6	8.8	7.86	28.3	YES	998
21 / 07:30	0.95	90	85.8	8.9	7.85	27.9	YES	1245
22 / 12:08	0.95	90	85.1	8.7	7.86	28.4	YES	862
23 / 11:36	0.93	90	83.6	8.8	7.91	28.6	YES	1018
24 / 10:24	0.91	90	82.2	8.6	7.94	29.3	YES	1019
25 / 22:58	0.91	90	81.7	6.9	7.87	32.1	YES	1211
26 / 11:14	0.92	90	82.9	7.0	7.84	31.5	YES	917
27 / 12:16	0.90	90	81.4	8.6	7.92	29.1	YES	861
28 / 13:19	0.92	90	82.4	8.6	7.91	29.0	YES	863
29 / 11:33	0.90	90	80.9	8.8	7.91	28.4	YES	1117
30 / 11:04	0.89	90	80.4	9.2	7.92	27.9	YES	959
31 / 11:50	0.89	90	80.2	9.5	7.93	27.3	YES	987

<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