

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

County: **Clackamas**  
 Month/Year: **Jan-24**

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	0.02	OFF	0.04
2	OFF	OFF	0.02	0.02	0.02	OFF	0.03
3	OFF	0.02	0.02	OFF	0.03	0.02	0.06
4	OFF	OFF	0.02	0.02	0.03	OFF	0.05
5	OFF	OFF	0.02	0.02	0.02	OFF	0.05
6	OFF	OFF	0.03	0.03	0.03	OFF	0.04
7	OFF	OFF	0.02	0.02	0.02	0.03	0.17
8	OFF	OFF	OFF	0.02	0.02	OFF	0.04
9	OFF	OFF	0.03	0.02	0.08	0.03	0.09
10	OFF	OFF	0.02	0.03	0.03	0.03	0.09
11	OFF	OFF	0.02	0.02	0.02	OFF	0.03
12	OFF	OFF	0.05	0.03	0.03	OFF	0.05
13	0.02	OFF	0.02	0.04	0.03	OFF	0.08
14	0.03	OFF	0.02	0.05	0.03	OFF	0.07
15	0.03	OFF	OFF	0.02	0.04	0.03	0.08
16	OFF	0.02	OFF	0.02	0.03	0.02	0.05
17	OFF	OFF	0.02	0.03	0.03	0.02	0.10
18	OFF	OFF	0.04	0.03	0.03	OFF	0.06
19	0.03	0.03	0.03	0.03	0.03	OFF	0.04
20	OFF	OFF	0.03	0.02	0.02	OFF	0.04
21	OFF	0.02	0.03	0.03	0.02	OFF	0.08
22	OFF	OFF	0.02	0.02	0.03	0.03	0.05
23	OFF	OFF	0.02	0.02	0.02	0.02	0.04
24	OFF	OFF	0.02	0.02	0.02	0.02	0.13
25	OFF	OFF	0.02	0.02	0.02	OFF	0.04
26	OFF	0.02	0.02	0.03	0.03	OFF	0.05
27	OFF	OFF	0.02	0.02	0.02	OFF	0.03
28	OFF	OFF	0.02	0.02	0.03	0.02	0.05
29	OFF	OFF	0.02	0.02	0.02	0.03	0.05
30	OFF	OFF	0.02	0.02	0.04	0.03	0.12
31	OFF	OFF	0.02	0.04	0.03	0.02	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 < IFE<sup>2</sup> triggers **Yes** / No

CT's met everyday? (see back) **Yes** / No  
 All Cl<sub>2</sub> residual at entry point ≥ 0.2 mg/l? **Yes** / No

**Notes:**

PRINTED NAME: **Katelynn Niece**  
 SIGNATURE: *Katelynn Niece* DATE: **2/1/2024**  
 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:**

**24-Jan.**

**Disinfection  
Giardia 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]	<b>C X T</b>	[° C]		formula	Yes / No	[GPM]
1 / 10:37	0.89	90	79.9	9.5	7.71	25.3	YES	947
2 / 17:25	0.90	90	81.1	8.4	7.68	26.9	YES	961
3 / 13:58	0.88	90	78.9	8.2	7.72	27.6	YES	933
4 / 07:28	0.87	90	78.4	8.1	7.74	28.0	YES	1016
5 / 07:29	0.86	90	77.5	8.2	7.71	27.5	YES	1025
6 / 11:02	0.85	90	76.8	8.2	7.76	28.0	YES	982
7 / 09:40	0.84	90	75.9	7.9	7.76	28.5	YES	1002
8 / 07:55	0.85	90	76.6	7.8	7.74	28.5	YES	994
9 / 07:33	0.86	90	77.5	7.8	7.75	28.7	YES	972
10 / 18:12	0.90	90	80.7	7.7	7.70	28.5	YES	904
11 / 12:10	0.89	90	80.3	7.7	7.69	28.3	YES	931
12 / 17:26	0.89	90	80.5	7.7	7.65	28.0	YES	867
13 / 12:17	0.88	90	79.6	7.3	7.64	28.6	YES	961
14 / 11:20	0.88	90	79.2	6.5	7.62	29.9	YES	965
15 / 14:15	0.90	90	80.6	6.3	7.66	30.8	YES	1002
16 / 09:48	0.90	90	81.4	5.5	7.61	32.0	YES	976
17 / 12:23	0.91	90	82.2	5.3	7.61	32.5	YES	1061
18 / 18:42	0.90	90	81.3	6.4	7.59	29.8	YES	1006
19 / 10:17	0.91	90	82.1	6.7	7.57	29.2	YES	979
20 / 10:11	0.90	90	81.3	6.9	7.58	28.7	YES	1009
21 / 10:45	0.91	90	82.0	7.6	7.56	27.3	YES	982
22 / 10:43	0.91	90	81.5	7.8	7.57	27.0	YES	1110
23 / 07:49	0.89	90	80.3	8.1	7.59	26.6	YES	1090
24 / 09:48	0.89	90	79.9	8.3	7.59	26.2	YES	1252
25 / 11:04	0.88	90	79.4	8.9	7.61	25.3	YES	1280
26 / 07:42	0.88	90	79.2	9.2	7.61	24.9	YES	1176
27 / 11:05	0.88	90	78.9	8.8	7.58	25.2	YES	997
28 / 11:00	0.87	90	78.2	9.2	7.60	24.7	YES	1027
29 / 12:57	0.88	90	78.8	9.4	7.59	24.3	YES	1134
30 / 10:26	0.87	90	78.7	9.4	7.56	24.2	YES	1134
31 / 12:59	0.87	90	78.4	10.0	7.57	23.1	YES	1144

<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