

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

County: **Clackamas**
 Month/Year: **Feb-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 ¹ [NTU]
1	OFF	OFF	0.04	0.02	0.04	0.03	0.14
2	OFF	OFF	0.02	0.02	0.03	0.02	0.11
3	OFF	OFF	0.02	0.03	0.02	0.02	0.04
4	OFF	OFF	0.02	0.05	0.02	0.02	0.05
5	OFF	OFF	0.02	0.02	OFF	OFF	0.03
6	0.02	0.02	0.02	0.03	OFF	OFF	0.05
7	0.02	0.02	OFF	0.02	0.02	0.03	0.04
8	OFF	OFF	0.03	0.03	0.06	0.02	0.14
9	OFF	OFF	0.02	0.02	0.02	OFF	0.03
10	OFF	OFF	0.02	0.03	0.02	0.02	0.04
11	OFF	OFF	OFF	0.02	0.02	0.02	0.03
12	OFF	OFF	0.03	0.02	0.03	OFF	0.06
13	OFF	0.02	0.02	0.02	0.05	OFF	0.06
14	OFF	OFF	0.03	0.02	0.02	OFF	0.06
15	OFF	OFF	0.02	0.02	0.03	OFF	0.11
16	OFF	OFF	0.02	0.02	0.03	0.02	0.07
17	OFF	OFF	OFF	0.02	0.02	OFF	0.03
18	OFF	OFF	0.02	0.04	0.03	0.03	0.08
19	OFF	OFF	OFF	0.02	0.02	OFF	0.04
20	OFF	OFF	0.02	0.03	0.03	0.03	0.13
21	OFF	OFF	0.02	0.02	0.03	OFF	0.06
22	OFF	OFF	0.02	0.02	0.02	OFF	0.08
23	OFF	OFF	0.02	0.04	0.03	0.02	0.12
24	OFF	OFF	0.02	0.02	0.02	OFF	0.04
25	OFF	OFF	0.02	0.05	0.03	0.02	0.05
26	OFF	OFF	0.02	0.02	0.04	0.03	0.05
27	OFF	OFF	OFF	0.02	0.02	0.02	0.05
28	OFF	OFF	0.02	OFF	0.03	0.03	0.08
29	OFF	OFF	0.03	0.07	0.02	0.02	0.14

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

Notes:	PRINTED NAME: Katelynn Niece	
	SIGNATURE: <i>Katie Niece</i>	DATE: 3/4/2024
	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 = Indivd. 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-Feb	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 / 12:57	0.87	90	78.2	9.8	7.60	23.7	YES	1160
2 / 10:20	0.86	90	77.5	10.1	7.59	23.3	YES	1080
3 / 10:51	0.87	90	78.7	9.7	7.64	24.4	YES	1012
4 / 10:23	0.89	90	79.9	9.6	7.66	24.7	YES	994
5 / 12:43	0.91	90	82.0	8.9	7.67	26.0	YES	1060
6 / 08:58	0.91	90	82.1	8.8	7.67	26.2	YES	983
7 / 10:53	0.91	90	82.0	9.0	7.68	25.9	YES	1136
8 / 12:58	0.91	90	81.5	8.7	7.55	25.2	YES	1068
9 / 08:05	0.89	90	80.1	8.9	7.59	25.2	YES	952
10 / 13:46	0.89	90	80.5	8.5	7.59	25.9	YES	1477
11 / 11:32	0.89	90	80.0	8.0	7.59	26.8	YES	1022
12 / 12:21	0.89	90	80.1	8.3	7.63	26.6	YES	1139
13 / 08:12	0.89	90	80.0	8.5	7.61	26.1	YES	1071
14 / 08:10	0.87	90	78.2	8.3	7.63	26.5	YES	1083
15 / 08:49	0.86	90	77.8	7.9	7.62	27.1	YES	1052
16 / 08:02	0.85	90	76.4	8.0	7.66	27.2	YES	1309
17 / 10:11	0.83	90	75.0	7.7	7.64	27.7	YES	928
18 / 09:37	0.83	90	74.3	8.1	7.67	27.1	YES	971
19 / 11:57	0.83	90	74.4	8.1	7.64	26.9	YES	891
20 / 19:30	0.83	90	74.5	8.4	7.69	26.8	YES	921
21 / 14:49	0.82	90	73.9	8.3	7.69	27.1	YES	1160
22 / 18:57	0.81	90	72.7	9.1	7.67	25.3	YES	857
23 / 14:33	0.80	90	71.9	8.9	7.68	25.8	YES	838
24 / 12:14	0.81	90	72.8	8.7	7.66	26.0	YES	1186
25 / 11:57	0.81	90	73.2	8.8	7.68	26.0	YES	940
26 / 13:07	0.84	90	75.6	9.1	7.71	25.8	YES	2017
27 / 09:08	0.82	90	73.4	9.0	7.71	25.9	YES	1897
28 / 11:24	0.82	90	73.7	8.3	7.69	26.9	YES	1611
29 / 09:12	0.82	90	73.4	8.6	7.68	26.3	YES	1605

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