

<b>OHA - Drinking Water Services -Turbidity Monitoring Report Form</b>							County: <b>Clackamas</b>
<b>Conventional or Direct Filtration</b>							Month/Year: <b>Mar-24</b>
System Name: <b>City of Molalla</b>			ID#: <b>41 00534</b>				WTP : TP - <b>A</b>
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	0.10
2	OFF	OFF	0.03	0.03	0.03	OFF	0.06
3	OFF	OFF	0.03	0.02	0.03	0.03	0.05
4	OFF	OFF	0.02	0.02	0.03	OFF	0.04
5	OFF	OFF	0.02	0.05	0.03	0.03	0.08
6	OFF	OFF	OFF	0.02	0.02	0.02	0.03
7	OFF	OFF	0.03	0.05	0.03	OFF	0.09
8	OFF	0.03	0.03	0.02	0.05	OFF	0.13
9	OFF	OFF	0.03	0.03	0.02	OFF	0.10
10	OFF	OFF	0.02	0.02	0.02	0.02	0.07
11	OFF	OFF	0.03	0.03	0.02	OFF	0.06
12	OFF	0.02	0.02	0.04	0.03	OFF	0.08
13	OFF	OFF	0.02	0.03	0.11	0.03	0.14
14	OFF	OFF	0.03	0.02	0.02	0.03	0.13
15	OFF	OFF	0.04	0.02	0.02	OFF	0.04
16	OFF	0.02	0.02	0.03	0.02	0.02	0.04
17	OFF	OFF	0.02	0.02	0.02	OFF	0.03
18	OFF	OFF	0.02	0.02	0.03	0.02	0.04
19	OFF	OFF	0.02	0.02	0.02	OFF	0.04
20	OFF	OFF	0.02	0.02	0.03	0.02	0.06
21	OFF	OFF	OFF	0.02	0.02	OFF	0.03
22	OFF	OFF	0.02	0.02	0.03	0.02	0.04
23	OFF	OFF	0.02	0.02	0.02	OFF	0.03
24	OFF	OFF	0.02	0.03	0.02	0.02	0.06
25	OFF	OFF	0.02	0.02	0.02	OFF	0.02
26	OFF	OFF	0.02	0.03	0.02	OFF	0.04
27	OFF	OFF	0.02	0.02	0.02	OFF	0.03
28	OFF	0.02	0.02	0.03	0.03	OFF	0.09
29	OFF	OFF	0.03	0.04	0.02	OFF	0.04
30	OFF	OFF	0.02	0.04	0.03	0.03	0.08
31	OFF	OFF	0.02	0.02	0.02	OFF	0.04

<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>		

<b>Notes:</b>	<b>PRINTED NAME: Katelynn Niece</b>	
	SIGNATURE: <i>Katelynn Niece</i>	DATE: 4/2/24
	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))

OHA - Drinking Water Program - Surface Water Quality Data Form						WTP - :	A
System Name:	City of Molalla	ID#: 41	00534	Month/Year:	24-Mar	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]	<b>C X T</b>	[° C]		formula	Yes / No	[GPM]
1 / 13:13	0.83	90	74.3	8.0	7.59	26.6	YES	1205
2 / 11:06	0.82	90	73.7	7.8	7.61	27.0	YES	962
3 / 10:00	0.83	90	75.1	8.0	7.60	26.7	YES	952
4 / 18:43	0.88	90	79.0	7.5	7.58	27.6	YES	913
5 / 18:48	0.89	90	80.0	7.7	7.60	27.4	YES	859
6 / 19:24	0.89	90	79.8	7.5	7.57	27.4	YES	865
7 / 18:07	0.90	90	80.7	7.4	7.61	28.0	YES	887
8 / 09:44	0.91	90	81.5	7.1	7.59	28.5	YES	1707
9 / 09:49	0.87	90	78.6	6.9	7.62	29.2	YES	934
10 / 12:08	0.88	90	78.9	7.2	7.62	28.5	YES	1270
11 / 10:43	0.85	90	76.6	7.5	7.63	28.1	YES	1213
12 / 20:19	0.83	90	74.4	7.6	7.65	28.0	YES	908
13 / 17:58	0.83	90	74.6	7.9	7.63	27.1	YES	1177
14 / 15:13	0.81	90	73.3	7.7	7.62	27.3	YES	1274
15 / 09:42	0.82	90	73.6	8.2	7.66	26.9	YES	1436
16 / 09:59	0.83	90	75.0	8.2	7.68	27.1	YES	1022
17 / 20:14	0.85	90	76.5	8.6	7.67	26.4	YES	994
18 / 11:07	0.85	90	76.3	8.9	7.68	26.0	YES	1402
19 / 10:09	0.91	90	82.2	9.4	7.73	25.6	YES	2839
20 / 20:09	0.84	90	75.3	9.8	7.69	24.5	YES	915
21 / 09:02	0.82	90	73.8	9.7	7.70	24.7	YES	1235
22 / 12:35	0.83	90	74.5	9.5	7.70	25.0	YES	890
23 / 09:56	0.81	90	73.0	9.7	7.73	24.9	YES	971
24 / 10:10	0.80	90	72.0	9.7	7.79	25.3	YES	958
25 / 13:58	0.80	90	72.1	9.3	7.82	26.4	YES	892
26 / 12:07	0.80	90	71.7	9.4	7.82	26.2	YES	2191
27 / 11:30	0.79	90	71.1	9.2	7.79	26.2	YES	1088
28 / 12:19	0.79	90	70.9	9.1	7.78	26.3	YES	802
29 / 12:11	0.77	90	69.0	8.8	7.79	26.9	YES	1044
30 / 10:42	0.76	90	68.1	9.1	7.80	26.3	YES	946
31 / 11:38	0.76	90	68.5	9.2	7.78	26.1	YES	1030

<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