

OHA - Drinking Water Services -Turbidity Monitoring Report Form Conventional or Direct Filtration							County: Clackamas
							Month/Year: Apr-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	0.02	0.03	OFF	0.11
2	OFF	OFF	0.02	0.03	0.03	OFF	0.04
3	OFF	OFF	0.04	0.03	0.03	OFF	0.10
4	OFF	OFF	0.02	0.03	0.03	OFF	0.05
5	OFF	OFF	0.02	0.02	0.04	0.03	0.04
6	OFF	OFF	OFF	0.02	0.02	0.02	0.03
7	OFF	OFF	OFF	0.04	0.03	0.02	0.04
8	OFF	OFF	0.02	0.02	0.02	OFF	0.03
9	OFF	OFF	0.03	0.02	0.04	0.03	0.04
10	OFF	OFF	0.03	0.02	0.03	OFF	0.04
11	OFF	OFF	0.02	0.03	0.04	0.03	0.15
12	OFF	OFF	0.03	0.03	0.03	OFF	0.08
13	OFF	OFF	0.02	0.04	0.03	0.03	0.11
14	OFF	OFF	0.03	0.03	0.03	OFF	0.05
15	OFF	OFF	0.02	0.04	0.03	OFF	0.11
16	OFF	OFF	0.03	0.03	0.03	0.03	0.08
17	0.03	OFF	OFF	0.02	0.04	0.03	0.09
18	OFF	OFF	OFF	OFF	0.03	0.03	0.10
19	OFF	OFF	0.03	0.03	0.02	0.04	0.05
20	OFF	OFF	0.05	0.03	OFF	OFF	0.05
21	0.03	0.03	OFF	0.03	0.04	OFF	0.06
22	0.04	0.03	OFF	0.03	0.03	OFF	0.04
23	0.03	0.03	0.03	OFF	0.03	0.04	0.06
24	OFF	OFF	0.05	0.05	0.04	OFF	0.09
25	OFF	OFF	0.04	0.03	0.03	OFF	0.09
26	OFF	OFF	0.06	0.03	0.03	OFF	0.06
27	OFF	OFF	0.02	0.04	0.03	0.03	0.04
28	OFF	OFF	0.02	0.02	0.02	0.02	0.03
29	OFF	OFF	0.02	0.03	0.03	0.02	0.05
30	OFF	OFF	0.02	0.02	0.02	OFF	0.05

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <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>	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>

Notes:	PRINTED NAME: Katelynn Niece SIGNATURE: <i>Katelynn Niece</i> PHONE #: (503) 829-5408 DATE: 5/1/24 CERT #: T08621
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<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:</b>	<b>24-Apr</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 / 12:31	0.77	90	69.3	9.0	7.82	26.8	YES	1110
2 / 09:25	0.76	90	68.3	9.3	7.86	26.5	YES	1160
3 / 17:54	0.76	90	68.3	9.8	7.86	25.9	YES	974
4 / 10:50	0.75	90	67.5	10.1	7.86	25.1	YES	1254
5 / 11:47	0.76	90	68.3	9.4	7.89	26.7	YES	912
6 / 14:27	0.77	90	69.6	9.2	7.89	27.2	YES	1504
7 / 11:01	0.78	90	70.3	9.3	7.94	27.4	YES	1006
8 / 12:58	0.83	90	74.3	9.3	7.94	27.6	YES	1044
9 / 20:22	0.83	90	74.6	9.5	7.97	27.6	YES	909
10 / 19:08	0.83	90	74.3	9.4	7.96	27.5	YES	1224
11 / 20:15	0.83	90	74.6	10.2	8.00	26.6	YES	1334
12 / 16:21	0.81	90	72.8	10.0	8.02	27.0	YES	1100
13 / 10:32	0.79	90	71.2	10.3	8.03	26.5	YES	970
14 / 12:14	0.78	90	70.6	10.9	8.01	25.3	YES	976
15 / 09:25	0.77	90	69.6	11.3	7.94	24.0	YES	1104
16 / 09:50	0.85	90	76.8	11.3	7.99	24.6	YES	2761
17 / 10:42	1.18	90	106.5	10.5	7.97	26.9	YES	2556
18 / 21:00	0.96	90	86.8	10.8	7.90	25.1	YES	928
19 / 07:52	0.94	90	84.7	11.1	7.92	24.6	YES	1132
20 / 10:15	0.86	90	77.0	11.2	7.84	23.6	YES	982
21 / 07:54	0.81	90	73.0	11.5	7.78	22.5	YES	1144
22 / 09:55	0.77	90	69.1	11.5	7.78	22.3	YES	1084
23 / 08:51	0.75	90	67.9	11.4	7.73	22.1	YES	1092
24 / 08:30	0.72	90	64.9	11.5	7.75	22.1	YES	1160
25 / 18:21	0.75	90	67.4	12.2	7.75	21.1	YES	1178
26 / 13:35	0.75	90	67.1	12.2	7.74	21.1	YES	1014
27 / 09:45	0.72	90	65.1	12.2	7.80	21.5	YES	879
28 / 20:08	0.74	90	66.6	11.7	7.77	21.9	YES	966
29 / 19:23	0.74	90	66.7	11.3	7.78	22.6	YES	1474
30 / 07:34	0.73	90	65.6	11.4	7.84	22.8	YES	1108

<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