

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

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

System Name: <b>City of Molalla</b>		ID#: 41 00534					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	0.02	0.02	0.03	OFF	0.04	
2	OFF	0.03	0.02	0.02	OFF	OFF	0.04	
3	0.02	0.02	0.02	0.02	0.02	OFF	0.03	
4	OFF	0.02	0.03	0.02	OFF	OFF	0.04	
5	OFF	0.02	0.02	OFF	0.02	0.03	0.04	
6	OFF	OFF	0.02	0.02	0.02	OFF	0.04	
7	OFF	OFF	0.02	0.02	0.02	OFF	0.03	
8	OFF	OFF	0.03	0.03	0.02	OFF	0.05	
9	OFF	OFF	0.02	0.02	0.05	OFF	0.05	
10	OFF	OFF	0.03	0.03	0.03	0.02	0.05	
11	OFF	OFF	0.03	0.02	0.02	0.03	0.05	
12	OFF	OFF	0.03	0.03	0.03	OFF	0.04	
13	OFF	0.02	0.02	0.03	0.03	0.04	0.04	
14	OFF	OFF	0.03	0.04	0.03	0.03	0.11	
15	OFF	OFF	0.04	0.03	0.03	0.03	0.14	
16	OFF	OFF	0.03	0.03	0.03	0.03	0.15	
17	0.04	0.03	0.03	0.05	0.03	OFF	0.08	
18	OFF	0.03	0.03	0.03	0.03	OFF	0.04	
19	OFF	OFF	0.02	0.04	0.03	0.03	0.07	
20	OFF	OFF	0.03	0.03	0.03	OFF	0.05	
21	OFF	0.03	0.04	0.03	0.03	OFF	0.05	
22	OFF	0.03	0.02	0.02	0.04	0.02	0.05	
23	OFF	OFF	0.02	0.02	0.02	OFF	0.03	
24	OFF	0.02	0.04	0.03	0.03	OFF	0.04	
25	OFF	0.03	0.02	0.02	0.02	0.02	0.03	
26	OFF	0.02	0.03	0.03	0.03	0.03	0.04	
27	OFF	OFF	0.02	0.03	0.02	0.03	0.04	
28	0.03	OFF	0.03	0.03	0.03	OFF	0.03	
29	OFF	0.03	0.04	0.03	0.03	OFF	0.04	
30	OFF	0.03	0.02	0.03	0.03	0.03	0.08	
31	OFF	OFF	0.03	0.04	0.03	0.03	0.08	

**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: **6/3/24**  
 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-May

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]	C X T	[° C]		formula	Yes / No	[GPM]
1 / 07:33	0.74	47	34.7	10.8	7.83	23.7	YES	1267
2 / 10:20	0.76	47	35.9	10.2	7.80	24.5	YES	945
3 / 11:31	0.79	47	37.0	9.9	7.73	24.5	YES	934
4 / 10:08	0.80	47	37.4	9.8	7.73	24.7	YES	901
5 / 20:19	0.82	47	38.4	10.0	7.68	23.9	YES	957
6 / 11:32	0.81	47	38.3	9.6	7.67	24.5	YES	896
7 / 14:19	0.83	47	38.8	9.6	7.64	24.3	YES	957
8 / 20:14	0.86	47	40.6	9.7	7.69	24.6	YES	932
9 / 10:59	0.87	47	40.7	9.6	7.68	24.7	YES	1063
10 / 11:36	0.87	47	41.0	10.2	7.75	24.4	YES	1212
11 / 12:10	0.88	47	41.5	11.2	7.78	23.1	YES	1084
12 / 20:13	0.88	47	41.4	12.5	7.82	21.4	YES	1178
13 / 20:07	0.90	47	42.4	13.0	7.83	20.9	YES	1155
14 / 20:33	0.90	47	42.3	13.3	7.86	20.8	YES	1226
15 / 12:18	0.90	47	42.3	13.4	7.89	20.8	YES	1270
16 / 20:05	0.91	47	42.8	14.0	7.90	20.2	YES	1529
17 / 07:35	0.91	47	42.8	13.5	7.89	20.7	YES	1238
18 / 10:53	0.88	47	41.6	13.4	7.86	20.6	YES	1151
19 / 20:07	0.87	47	40.8	13.2	7.89	21.1	YES	1135
20 / 08:17	0.87	47	40.8	12.7	7.90	21.8	YES	4623
21 / 06:17	0.82	47	38.5	12.4	7.87	21.9	YES	1108
22 / 12:15	0.81	47	38.0	12.0	7.81	22.1	YES	4623
23 / 07:03	0.79	47	37.0	11.8	7.78	21.9	YES	1214
24 / 09:26	0.81	47	38.3	11.1	7.74	22.7	YES	1120
25 / 20:00	0.86	47	40.6	11.2	7.74	22.8	YES	1516
26 / 12:18	0.88	47	41.5	11.3	7.75	22.7	YES	1114
27 / 10:29	0.91	47	42.6	11.8	7.78	22.3	YES	1248
28 / 15:56	0.93	47	43.9	12.9	7.78	20.7	YES	1433
29 / 22:27	0.94	47	44.2	12.9	7.79	20.8	YES	1178
30 / 20:06	0.95	47	44.9	12.7	7.77	21.0	YES	1661
31 / 15:10	0.97	47	45.8	13.0	7.78	20.7	YES	1461

<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