

OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: **Clackamas**
 Month/Year: **Jun-24**
 WTP : TP - **A**

System Name: **City of Molalla** ID#: **41 00534**

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	0.03	OFF	0.03	0.03	0.03	0.03	0.08
2	OFF	OFF	0.03	0.03	0.03	0.03	0.09
3	OFF	OFF	0.05	0.03	0.03	0.03	0.07
4	OFF	OFF	0.03	0.03	0.03	OFF	0.03
5	OFF	0.02	0.02	0.02	0.03	0.03	0.11
6	OFF	OFF	0.03	0.02	0.02	0.03	0.07
7	0.03	OFF	0.02	0.02	0.03	0.03	0.05
8	OFF	OFF	0.03	0.03	0.03	0.02	0.05
9	0.03	0.03	OFF	0.03	0.03	0.05	0.06
10	0.03	0.03	OFF	0.03	0.03	0.03	0.04
11	OFF	OFF	0.02	0.03	0.03	0.03	0.05
12	OFF	OFF	0.03	0.02	0.03	0.02	0.09
13	0.03	OFF	0.03	0.03	0.03	0.03	0.08
14	OFF	0.03	0.03	0.03	0.03	0.03	0.04
15	OFF	OFF	0.05	0.03	OFF	0.03	0.14
16	0.03	OFF	0.03	0.04	0.03	0.03	0.07
17	OFF	OFF	0.03	0.03	0.02	OFF	0.04
18	0.02	0.02	0.03	0.03	0.03	0.03	0.14
19	OFF	OFF	0.03	0.03	0.02	0.04	0.08
20	OFF	OFF	0.03	0.03	0.03	OFF	0.13
21	0.03	0.03	0.05	OFF	0.03	0.03	0.15
22	OFF	OFF	0.03	0.03	0.04	0.03	0.14
23	0.03	OFF	0.03	0.03	0.03	0.03	0.06
24	0.04	0.04	0.03	0.04	0.03	0.03	0.11
25	OFF	OFF	0.03	0.03	0.03	0.03	0.19
26	0.03	OFF	0.03	0.03	0.03	0.03	0.05
27	OFF	OFF	0.03	0.03	0.03	OFF	0.06
28	0.03	0.03	0.03	0.04	0.03	0.03	0.05
29	0.03	OFF	0.03	0.04	0.04	0.03	0.07
30	0.03	OFF	0.03	0.03	0.04	0.03	0.06

Conventional or Direct Filtration

95% of 4-hour turbidity readings ≤ 0.3 NTU? Yes / No
 All 4-hour turbidity readings ≤ 1 NTU? Yes / No
 All turbidity readings < IFE² triggers Yes / No

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) Yes / No
 All Cl2 residual at entry point ≥ 0.2 mg/l? Yes / No

Notes:

PRINTED NAME: **Katelynn Niece**
 SIGNATURE: *Katelynn Niece* DATE: **7/1/24**
 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 = 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-Jun		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 / 16:18	0.98	47	46.2	13.8	7.79	19.7	YES	1397
2 / 10:40	0.97	47	45.4	13.7	7.83	20.1	YES	971
3 / 06:17	0.96	47	45.2	14.0	7.82	19.7	YES	1096
4 / 11:11	0.93	47	43.8	13.1	7.81	20.7	YES	1371
5 / 06:17	0.92	47	43.3	12.6	7.80	21.3	YES	1139
6 / 06:17	0.93	47	43.8	12.3	7.79	21.8	YES	1419
7 / 06:14	0.94	47	44.3	12.8	7.77	20.7	YES	1314
8 / 06:21	0.95	47	44.5	13.6	7.76	19.6	YES	1241
9 / 20:16	0.96	47	44.9	15.2	7.80	18.0	YES	1368
10 / 17:27	0.94	47	44.3	15.6	7.79	17.4	YES	1824
11 / 19:08	0.91	47	42.9	16.2	7.85	17.1	YES	1457
12 / 21:05	0.91	47	43.0	15.9	7.83	17.3	YES	1388
13 / 06:18	0.91	47	42.8	15.5	7.84	17.8	YES	1440
14 / 08:29	0.94	47	44.0	15.5	7.80	17.6	YES	1577
15 / 03:27	0.97	47	45.7	15.1	7.84	18.4	YES	1090
16 / 06:18	0.99	47	46.3	14.5	7.88	19.5	YES	1060
17 / 18:39	0.94	47	44.3	13.9	7.84	19.9	YES	1263
18 / 20:30	0.94	47	44.3	13.7	7.85	20.1	YES	1395
19 / 20:12	0.96	47	45.0	14.9	7.79	18.2	YES	1810
20 / 20:48	0.93	47	43.9	16.1	7.74	16.5	YES	1663
21 / 21:15	0.91	47	43.0	17.4	7.76	15.2	YES	1814
22 / 10:23	0.90	47	42.3	17.5	7.76	15.1	YES	1488
23 / 06:12	0.90	47	42.1	18.2	7.76	14.4	YES	1401
24 / 06:19	0.91	47	42.9	18.2	7.78	14.5	YES	1584
25 / 12:16	0.89	47	42.0	18.4	7.77	14.3	YES	1907
26 / 05:15	0.88	47	41.5	18.4	7.79	14.3	YES	1580
27 / 06:11	0.88	47	41.4	18.0	7.85	15.0	YES	1529
28 / 20:33	0.91	47	42.8	17.9	7.88	15.3	YES	1729
29 / 09:47	0.89	47	41.6	17.9	7.90	15.4	YES	1678
30 / 21:06	0.89	47	42.0	19.0	7.89	14.4	YES	1733

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