

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

County: **Clackamas**  
 Month/Year: **Jul-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	0.03	0.03	0.03	0.04	0.03	0.05	0.06	
2	0.04	0.03	0.03	0.03	0.03	OFF	0.17	
3	0.03	0.05	0.03	0.04	0.03	OFF	0.10	
4	0.03	0.03	0.03	0.04	0.03	OFF	0.08	
5	0.03	0.03	0.03	0.04	0.05	0.03	0.18	
6	0.05	OFF	0.04	0.04	0.04	0.10	0.18	
7	OFF	0.03	0.03	0.04	0.03	0.03	0.09	
8	OFF	0.03	0.03	0.03	0.03	0.03	0.09	
9	0.04	0.03	0.03	OFF	0.03	0.04	0.06	
10	0.03	OFF	0.03	0.03	0.03	0.03	0.07	
11	0.03	0.03	0.04	OFF	0.03	OFF	0.04	
12	0.03	OFF	0.03	OFF	0.03	OFF	0.03	
13	0.03	OFF	0.03	0.03	OFF	0.03	0.05	
14	0.03	0.03	0.03	0.03	OFF	0.03	0.04	
15	OFF	0.03	0.04	OFF	0.03	OFF	0.04	
16	0.03	OFF	0.03	OFF	0.04	0.03	0.04	
17	0.03	0.03	0.03	0.03	0.03	OFF	0.04	
18	0.03	OFF	0.03	0.03	0.03	0.03	0.04	
19	0.03	0.04	0.03	0.03	0.03	0.03	0.05	
20	0.03	OFF	0.03	0.03	OFF	0.03	0.04	
21	0.03	0.03	0.03	OFF	0.04	OFF	0.05	
22	0.03	0.04	0.03	OFF	0.03	OFF	0.05	
23	0.03	OFF	0.03	0.03	0.03	0.03	0.04	
24	0.03	0.03	0.03	OFF	0.03	0.03	0.04	
25	0.03	OFF	0.03	0.03	0.03	0.03	0.04	
26	0.03	OFF	0.03	0.03	0.03	OFF	0.04	
27	0.03	0.03	0.04	0.03	0.03	0.03	0.05	
28	0.03	0.03	OFF	0.03	OFF	0.03	0.04	
29	0.03	0.03	0.03	0.03	0.04	OFF	0.05	
30	0.03	OFF	0.03	OFF	0.03	OFF	0.04	
31	0.03	OFF	0.03	OFF	0.03	OFF	0.05	

**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 Cl2 residual at entry point ≥ 0.2 mg/l?  Yes / No

**Notes:**

PRINTED NAME: **Katelynn Niece**  
 SIGNATURE: *Katelynn Niece* DATE: **8/1/2024**  
 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-Jul

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 / 06:08	0.88	47	41.6	18.5	7.88	14.8	YES	1772
2 / 20:31	0.86	47	40.6	19.4	7.85	13.7	YES	1894
3 / 05:07	0.87	47	40.8	19.4	7.85	13.7	YES	1745
4 / 14:37	0.89	47	41.8	19.7	7.83	13.4	YES	1955
5 / 21:08	0.87	47	40.7	20.5	7.84	12.7	YES	1983
6 / 21:12	0.89	47	42.0	21.5	7.82	11.8	YES	1890
7 / 21:09	0.89	47	42.0	22.6	7.83	11.0	YES	2195
8 / 08:12	0.90	47	42.4	22.5	7.84	11.2	YES	2541
9 / 21:06	0.86	47	40.3	24.1	7.88	10.1	YES	2211
10 / 20:13	0.83	47	39.1	24.3	7.89	10.0	YES	2037
11 / 06:04	0.84	47	39.3	23.8	7.95	10.5	YES	2111
12 / 05:08	0.82	47	38.6	23.3	7.97	11.0	YES	2054
13 / 21:12	0.83	47	39.0	23.1	7.95	11.1	YES	1839
14 / 21:04	0.83	47	39.0	23.5	7.96	10.8	YES	1910
15 / 06:15	0.83	47	38.9	23.2	7.98	11.1	YES	1991
16 / 06:11	0.81	47	37.8	23.0	8.00	11.3	YES	2032
17 / 05:05	0.89	47	41.6	22.9	8.03	11.6	YES	1895
18 / 12:34	0.94	47	44.0	22.9	8.04	11.7	YES	2139
19 / 05:14	0.93	47	43.7	22.9	8.03	11.6	YES	2188
20 / 09:23	0.90	47	42.4	22.7	7.96	11.5	YES	1976
21 / 05:09	0.89	47	42.0	23.3	7.97	11.1	YES	1936
22 / 06:10	0.88	47	41.1	23.2	8.04	11.4	YES	1997
23 / 05:05	0.85	47	40.1	22.5	8.03	11.9	YES	1938
24 / 05:14	0.86	47	40.5	21.4	7.94	12.3	YES	2008
25 / 05:07	0.85	47	39.9	21.4	7.95	12.4	YES	1937
26 / 05:09	0.84	47	39.5	21.2	7.97	12.6	YES	2046
27 / 05:03	0.86	47	40.4	20.7	7.98	13.2	YES	1635
28 / 10:03	0.85	47	39.9	20.7	7.96	13.1	YES	2104
29 / 05:06	0.85	47	40.1	20.3	7.97	13.5	YES	1837
30 / 05:07	0.84	47	39.3	19.9	7.98	13.9	YES	1654
31 / 21:08	0.81	47	38.0	20.7	7.92	12.8	YES	1897

<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