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

County: Clackamas

Month/Year: Dec-25

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 [1] [NTU]
1	0.02	0.02	OFF	0.05	0.03	OFF	0.06
2	OFF	OFF	0.03	0.03	OFF	OFF	0.07
3	OFF	0.02	0.02	0.03	0.03	OFF	0.06
4	OFF	0.04	0.03	OFF	0.03	OFF	0.09
5	OFF	0.02	0.02	0.03	OFF	OFF	0.07
6	OFF	0.10	0.03	0.03	0.03	OFF	0.13
7	OFF	OFF	0.03	0.03	0.03	OFF	0.13
8	OFF	OFF	0.07	0.02	0.02	OFF	0.11
9	OFF	OFF	0.05	0.03	0.02	OFF	0.08
10	OFF	OFF	OFF	0.02	0.02	0.02	0.06
11	OFF	OFF	0.03	0.04	0.03	OFF	0.05
12	OFF	OFF	0.02	0.02	0.05	OFF	0.10
13	OFF	OFF	0.03	0.02	0.04	0.03	0.07
14	OFF	OFF	0.02	0.02	0.02	OFF	0.08
15	OFF	OFF	0.02	0.03	0.03	OFF	0.08
16	OFF	OFF	0.03	0.02	OFF	OFF	0.06
17	OFF	0.03	0.02	0.02	0.04	OFF	0.12
18	OFF	OFF	0.03	0.03	0.03	OFF	0.17
19	OFF	OFF	0.03	0.03	0.04	OFF	0.13
20	OFF	OFF	0.03	0.03	0.05	OFF	0.06
21	OFF	OFF	0.03	0.03	0.03	OFF	0.12
22	OFF	OFF	0.02	0.02	0.03	OFF	0.10
23	OFF	OFF	0.03	0.03	0.03	OFF	0.05
24	OFF	OFF	0.02	0.03	0.03	OFF	0.09
25	OFF	OFF	0.02	0.03	0.03	0.03	0.11
26	OFF	OFF	0.02	0.03	0.03	0.03	0.10
27	OFF	OFF	0.02	0.04	0.03	OFF	0.14
28	OFF	OFF	OFF	0.02	0.03	0.03	0.12
29	OFF	OFF	OFF	0.02	0.03	0.03	0.10
30	OFF	OFF	OFF	0.03	OFF	OFF	0.11
31	OFF	0.09	0.02	0.03	0.03	OFF	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 < IFE[2] 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: DRC put in Resignation. I am submitting this months report while we are looking for a contract DRC until I can get my certification in place.

PRINTED NAME: Seth Kelly

SIGNATURE: [signature] **DATE:** 01/07/25

PHONE #: (503) 829 5408 **CERT #:**T675892

[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 - :	
System Name:	**City of Molalla**	**ID#: 41 00534**	**Month/Year**	**25-Dec**	**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 / 11:39	1.03	47	48.6	7.8	7.65	28.2	YES	1581
2 / 08:09	1.02	47	48.2	7.3	7.65	29.2	YES	904
3 / 16:48	1.03	47	48.3	6.5	7.67	30.9	YES	974
4 / 19:23	1.01	47	47.2	5.8	7.64	32.0	YES	858
5 / 07:33	0.99	47	46.7	6.0	7.64	31.7	YES	1007
6 / 10:34	0.98	47	46.1	5.6	7.55	31.4	YES	1222
7 / 09:40	0.97	47	45.4	5.8	7.57	31.3	YES	870
8 / 09:37	0.96	47	45.1	5.7	7.62	31.8	YES	902
9 / 17:49	0.94	47	44.3	6.4	7.60	30.0	YES	848
10 / 09:09	0.92	47	43.1	6.8	7.63	29.6	YES	808
11 / 15:46	0.92	47	43.3	6.7	7.62	29.7	YES	1423
12 / 17:33	0.92	47	43.4	6.7	7.64	30.0	YES	928
13 / 14:26	0.71	47	33.4	11.5	7.59	20.8	YES	1265
14 / 12:58	0.90	47	42.4	6.8	7.60	29.2	YES	1913
15 / 09:53	0.89	47	41.7	6.8	7.65	29.6	YES	903
16 / 15:27	0.87	47	41.1	7.3	7.60	28.1	YES	1533
17 / 11:52	0.87	47	40.8	7.4	7.60	27.9	YES	925
18 / 16:01	0.88	47	41.3	8.0	7.57	26.5	YES	1101
19 / 11:25	0.87	47	41.0	8.1	7.58	26.4	YES	869
20 / 13:42	0.90	47	42.1	8.8	7.61	25.6	YES	1134
21 / 10:11	0.90	47	42.5	8.6	7.62	26.0	YES	947
22 / 10:13	0.92	47	43.2	8.7	7.61	25.7	YES	892
23 / 09:03	0.93	47	43.6	8.8	7.59	25.5	YES	899
24 / 10:28	0.94	47	44.0	9.1	7.64	25.5	YES	894
25 / 11:48	0.92	47	43.4	8.9	7.62	25.6	YES	808
26 / 11:57	0.93	47	43.6	9.0	7.62	25.3	YES	872
27 / 11:01	0.91	47	42.8	9.0	7.60	25.1	YES	940
28 / 11:06	0.90	47	42.4	9.4	7.53	23.9	YES	902
29 / 12:13	0.90	47	42.3	9.3	7.54	24.2	YES	911
30 / 11:49	0.92	47	43.1	9.4	7.48	23.6	YES	833
31 / 15:27	0.87	47	41.1	7.3	7.60	28.1	YES	1533

[3] If Cl_2 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