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

County: Clackamas
Month/Year: Jan-25

System Name: City of Molalla **ID#: 4100534** **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	OFF	OFF	0.02	0.02	0.02	OFF	0.08
2	OFF	OFF	0.02	0.04	0.03	0.02	0.13
3	OFF	0.02	0.02	OFF	0.02	OFF	0.09
4	OFF	OFF	0.08	0.03	0.03	0.02	0.08
5	OFF	OFF	0.04	0.02	0.02	OFF	0.13
6	OFF	OFF	0.02	0.02	0.03	OFF	0.06
7	OFF	OFF	0.02	0.02	0.03	OFF	0.10
8	OFF	OFF	0.02	0.02	0.03	OFF	0.06
9	OFF	0.03	0.02	0.03	0.05	OFF	0.10
10	OFF	OFF	0.02	0.02	0.03	0.02	0.06
11	OFF	OFF	OFF	0.02	0.02	0.02	0.12
12	OFF	OFF	OFF	0.02	0.02	0.06	0.07
13	OFF	OFF	OFF	0.02	0.02	0.02	0.09
14	OFF	OFF	0.02	0.03	0.03	OFF	0.05
15	OFF	OFF	0.02	0.02	0.04	OFF	0.10
16	OFF	OFF	0.02	0.04	0.03	OFF	0.12
17	OFF	OFF	0.04	0.03	0.03	OFF	0.15
18	OFF	OFF	0.02	0.03	0.03	OFF	0.08
19	OFF	OFF	0.03	0.02	0.02	OFF	0.07
20	OFF	OFF	0.02	0.03	0.03	OFF	0.05
21	OFF	OFF	0.03	0.03	0.02	OFF	0.10
22	OFF	OFF	0.03	0.03	0.03	OFF	0.05
23	OFF	OFF	0.03	0.04	0.03	OFF	0.18
24	OFF	0.06	0.02	0.02	0.02	OFF	0.16
25	OFF	OFF	0.02	0.02	0.03	0.04	0.09
26	OFF	OFF	OFF	0.03	0.02	0.02	0.12
27	OFF	OFF	OFF	0.02	0.02	OFF	0.04
28	OFF	OFF	0.02	0.03	0.03	0.03	0.08
29	OFF	OFF	OFF	0.02	OFF	OFF	0.06
30	OFF	0.02	0.02	0.04	0.03	OFF	0.10
31	OFF	OFF	0.02	0.02	0.02	OFF	0.09

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:

PRINTED NAME: Darrel Lockard

SIGNATURE: Darrel Lockard Digitally signed by Darrel Lockard DN: cn=Darrel Lockard, o=Dalta Operations, ou, email=bmcm3paul.com, c=US Date: 2025.02.04 15:36:45 -08'00' **DATE: 2/4/2025**

PHONE #: (541) 505-9968 **CERT #: 2853**

[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**	**Jan-25**	**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 / 11:52	0.92	47	43.1	8.5	7.48	25.0	YES	859
2 / 18:46	0.93	47	43.8	9.2	7.55	24.4	YES	841
3 / 11:06	0.93	47	43.8	9.4	7.53	24.0	YES	898
4 / 13:05	0.92	47	43.2	9.0	7.57	24.9	YES	884
5 / 11:53	0.92	47	43.2	9.4	7.54	24.1	YES	983
6 / 12:27	0.92	47	43.4	9.5	7.57	24.2	YES	947
7 / 12:22	0.92	47	43.4	9.3	7.57	24.5	YES	1536
8 / 18:48	0.92	47	43.2	9.0	7.57	24.9	YES	885
9 / 19:29	0.92	47	43.2	8.8	7.55	25.1	YES	864
10 / 11:41	0.91	47	42.9	8.8	7.57	25.3	YES	1725
11 / 17:19	0.91	47	42.9	8.9	7.56	25.1	YES	1029
12 / 10:40	0.89	47	42.1	8.8	7.59	25.5	YES	950
13 / 12:52	0.89	47	41.6	8.6	7.59	25.7	YES	1463
14 / 19:28	0.88	47	41.6	8.4	7.62	26.4	YES	893
15 / 19:14	0.88	47	41.5	8.1	7.62	26.9	YES	909
16 / 12:42	0.88	47	41.3	7.7	7.61	27.5	YES	1016
17 / 12:50	0.89	47	41.6	7.8	7.60	27.2	YES	978
18 / 11:05	0.88	47	41.2	7.7	7.62	27.7	YES	937
19 / 10:22	0.87	47	41.0	7.1	7.64	28.8	YES	946
20 / 09:55	0.87	47	41.0	6.7	7.64	29.7	YES	925
21 / 14:39	0.88	47	41.2	6.1	7.67	31.4	YES	1328
22 / 18:16	0.87	47	40.8	5.6	7.63	31.8	YES	859
23 / 11:01	0.86	47	40.5	5.1	7.67	33.4	YES	1021
24 / 13:23	0.86	47	40.4	5.3	7.67	32.9	YES	859
25 / 12:51	0.86	47	40.4	5.8	7.67	31.9	YES	1678
26 / 10:59	0.85	47	40.0	5.3	7.65	32.7	YES	998
27 / 18:28	0.87	47	41.0	4.9	7.68	34.1	YES	883
28 / 09:32	0.87	47	40.8	5.2	7.66	33.2	YES	2009
29 / 16:16	0.88	47	41.4	4.4	7.72	35.9	YES	2257
30 / 18:42	0.85	47	39.9	4.0	7.69	36.3	YES	848
31 / 10:38	0.83	47	39.0	4.2	7.69	35.8	YES	843

[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