

OHA - Drinking Water Services -Turbidity Monitoring Report Form Conventional or Direct Filtration	County:	Clackamas
	Month/Year:	Feb-26

System Name:	City of Molalla	ID#: 41-00534	WTP : TP -	A
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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	0.03	0.03	0.06	0.04	0.09
2	OFF	OFF	OFF	0.04	0.04	0.03	0.18
3	OFF	OFF	0.03	0.03	OFF	0.03	0.05
4	OFF	OFF	0.03	0.03	0.03	0.03	0.04
5	OFF	OFF	0.04	0.03	0.03	OFF	0.06
6	OFF	OFF	0.03	0.03	0.03	OFF	0.04
7	OFF	OFF	0.03	0.05	0.04	OFF	0.09
8	OFF	OFF	0.04	0.04	0.03	OFF	0.05
9	OFF	OFF	0.09	0.03	0.03	OFF	0.09
10	OFF	OFF	0.05	0.05	0.04	0.03	0.09
11	OFF	OFF	0.03	0.03	OFF	OFF	0.04
12	OFF	OFF	0.03	0.05	0.04	0.04	0.07
13	OFF	OFF	0.03	0.03	0.03	OFF	0.08
14	OFF	OFF	0.03	0.03	0.03	OFF	0.04
15	OFF	OFF	0.03	0.05	0.04	OFF	0.07
16	OFF	OFF	0.03	0.03	0.03	0.03	0.06
17	OFF	OFF	0.03	0.03	0.03	OFF	0.09
18	OFF	OFF	0.04	0.04	OFF	0.04	0.08
19	0.03	OFF	OFF	0.03	0.03	0.03	0.04
20	OFF	OFF	0.03	0.03	0.03	OFF	0.05
21	OFF	OFF	0.03	0.04	0.04	OFF	0.08
22	OFF	OFF	0.03	0.04	OFF	OFF	0.09
23	0.04	0.04	OFF	OFF	0.03	0.05	0.18
24	0.04	0.05	0.04	0.04	0.03	OFF	0.17
25	OFF	0.04	0.03	0.05	0.04	OFF	0.16
26	0.04	0.04	0.04	0.04	0.04	OFF	0.09
27	OFF	OFF	0.04	0.03	0.04	OFF	0.08
28	OFF	OFF	0.04	0.04	0.04	OFF	0.05
29							
30							
31							

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	Yes / No <input checked="" type="radio"/> / <input type="radio"/>	CT's met everyday? (see back)
All 4-hour turbidity readings ≤ 1 NTU?	Yes / No <input checked="" type="radio"/> / <input type="radio"/>	All Cl2 residual at entry point ≥ 0.2 mg/l?
All turbidity readings < IFE ² triggers	Yes / No <input checked="" type="radio"/> / <input type="radio"/>	Yes / No <input checked="" type="radio"/> / <input type="radio"/>

Notes: Conducted chlorine grabs every 4 hours per OHA recommendation from 2/19 - 2/23. Determined reagent for DR300 created unusual variation for grab sample vrs. Inline monitoring. All CT's were mentand no compliance issues.

PRINTED NAME: James Clifton	
SIGNATURE: <i>James Clifton</i>	DATE: 3-4-26
PHONE #: (503) 793-8197	CERT #: 346873

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	Feb. 2026	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 / 11:03	0.75	47	35.2	8.2	7.94	29.5	YES	991
2 / 10:47	0.72	47	33.9	8.8	7.97	28.5	YES	1056
3 / 09:00	0.69	47	32.4	8.9	7.96	28.1	YES	1113
4 / 13:25	0.66	47	31.2	8.9	7.94	27.8	YES	1140
5 / 12:38	0.66	47	30.9	9.2	7.90	26.9	YES	1224
6 / 10:21	0.64	47	30.3	9.1	7.92	27.3	YES	1076
7 / 10:24	0.66	47	30.9	9.4	7.89	26.5	YES	927
8 / 10:53	0.67	47	31.4	9.3	7.93	27.0	YES	961
9 / 10:47	0.68	47	32.2	8.9	7.81	26.7	YES	1135
10 / 11:37	0.77	47	36.3	9.1	7.88	27.3	YES	898
11 / 08:34	0.77	47	36.3	8.5	7.76	27.0	YES	1106
12 / 10:31	0.76	47	35.5	9.0	7.82	26.9	YES	1104
13 / 11:58	0.77	47	36.1	8.9	7.76	26.4	YES	1192
14 / 11:47	0.77	47	36.4	8.8	7.73	26.4	YES	972
15 / 11:16	0.77	47	36.2	8.8	7.75	26.6	YES	933
16 / 12:06	0.77	47	36.3	8.5	7.77	27.3	YES	938
17 / 19:35	0.76	47	35.8	8.5	7.78	27.3	YES	954
18 / 10:27	0.75	47	35.3	7.9	7.77	28.3	YES	1126
19 / 12:29	0.71	47	33.2	7.9	7.71	27.7	YES	1143
20 / 09:54	0.71	47	33.3	6.8	7.62	28.8	YES	905
21 / 11:51	0.64	47	30.0	7.1	7.73	29.0	YES	933
22 / 11:23	0.64	47	30.0	8.0	7.73	27.3	YES	933
23 / 07:48	0.64	47	30.0	7.9	7.77	27.9	YES	1092
24 / 09:14	0.63	47	29.4	7.9	7.57	26.0	YES	897
25 / 10:05	0.65	47	30.4	8.1	6.99	21.0	YES	1101
26 / 17:34	0.67	47	31.5	8.7	6.87	19.4	YES	882
27 / 10:03	0.67	47	31.3	8.4	6.94	20.2	YES	968
28 / 09:36	0.66	47	31.1	7.9	6.86	20.3	YES	965
29 / 0:0		47						
30 / 0:0		47						
31 / 0:0		47						

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