

[illegible]

NPDES Discharge Monitoring Report - Oregon Department of Environmental Quality (p. 2 of 2)

WS005

Facility Name	City of Molalla WWTP	Month/Year		Laboratory Name:	Edge Analytical	Explanation of permit limit exceedances (include description, cause, and steps taken or plans to reduce, eliminate, or prevent recurrence of noncompliance; attach additional pages if needed):
DEQ Permit #	101514	DEQ File #	57613	ORELAP Lab ID#:	3254/3255	
Mail original to: Oregon DEQ NWR 700 NE Multnomah St. Suite 600 Portland, OR 97232		Notes: *Indicate sample type for TSS, BOD, CBOD, and nutrients and test method for coliform. *If a sewer system overflow occurs at more than one location, attach an additional report. *If groundwater monitoring is required, report data in accordance with permit conditions. *For additional information, refer to: Oregon DEQ Completing DMRs				

Su, M, T, W, Th, F, Sa	Day of Month	AERATION BASIN						LAGOON OR POLISHING POND						SOLIDS						AEROBIC DIGESTER CELL #1				AEROBIC DIGESTER CELL #2				SEWER SYSTEM OVERFLOW		SEWER SYSTEM BYPASS		RECLAIMED WATER			Rainfall (inches)	Operator(s) Time Onsite (hrs/day)	Day of Month
								Primary Cell			Secondary Cell																	outfall:		outfall:		outfall:					
		MCRT	Sludge Volume Index	MLSS	pH	Temp	DO	Depth	DO		Depth	DO		TS to Digester	Transported to other WWTF	Quantity Land Applied	% Volatile Solids Reduction	Alkaline Product (insert Type)	Septage Received	% Total Solids	Temperature	pH		VA/Alkalinity	Temperature	pH		Flow	Duration	Flow	Duration	Volume Land Applied	Acres Irrigated	Quantity Irrigated			
		Days			SU	°C	mg/L	Feet	mg/L		Feet	mg/L				gal		lbs/gal	gal			SU				SU		gal	hrs	gal	hrs	MGD	acres	in/acre			
T	1							10.2	0.28		6.8	0.32																						0.19	9.0	1	
W	2							10.2	3.75		6.6	6.12																						0.00	9.0	2	
Th	3							10.2	3.00		6.4	6.17																						0.00	9.0	3	
F	4							10.2	1.65		6.1	6.95																						0.00	9.0	4	
Sa	5																																		0.01	6.0	5
Su	6																																		0.27	6.0	6
M	7							10.2	3.16		5.6	7.50																						0.20	8.0	7	
T	8							10.4	3.18		5.5	7.74																						0.42	9.0	8	
W	9							10.5	1.18		5.4	0.26																						0.00	9.0	9	
Th	10							10.7	1.23		5.3	5.75																						0.36	9.0	10	
F	11							10.7	2.00		5.4	9.07																						0.00	9.0	11	
Sa	12																																		0.00	6.0	12
Su	13																																		0.00	6.0	13
M	14							10.4	3.36		5.4	12.16																						0.00	8.0	14	
T	15							10.3	4.89		5.3	15.82																						0.00	9.0	15	
W	16							10.2	6.13		5.2	16.39																						0.00	9.0	16	
Th	17							10.1	7.84		5.0	17.47																						0.00	9.0	17	
F	18							10.0	5.55		4.8	18.39																						0.00	9.0	18	
Sa	19																																		0.00	6.0	19
Su	20																																		0.01	6.0	20
M	21							9.9	0.41		3.9	13.01																						0.00	8.0	21	
T	22							9.9	1.02		3.9	11.39																						0.00	9.0	22	
W	23							9.8	4.86		3.8	12.21																						0.00	9.0	23	
Th	24							9.8	0.29		3.7	14.89																						0.00	9.0	24	
F	25							9.7	6.03		3.6	14.61																						0.00	9.0	25	
Sa	26																																		0.00	6.0	26
Su	27																																		0.00	6.0	27
M	28							9.7	3.07		3.3	7.03																						0.14	8.0	28	
T	29							9.7	5.07		3.5	11.20																						0.01	9.0	29	
W	30							9.7	0.30		3.7	6.71																						0.00	9.0	30	
Total																																			1.61	242.0	
Daily Min								9.7	0.28		3.3	0.26																						0.00	6.0		
Daily Max								10.7	7.84		6.8	18.39																						0.42	9.0		
Wkly Avg Max																																					
Monthly Avg								10.1	3.10		4.9	10.05																						0.05	8.1		

During this reporting period did all monitoring data and sampling frequencies meet permit requirements and limits? If "no," explain.

☐ Yes

☐ No

During this reporting period were there unanticipated bypasses or upsets which exceeded any effluent limits? If "yes," explain.

☐ Yes

☐ No

During this reporting period were there any sewer system overflows? If "yes," explain.

☐ Yes

☐ No

Energy	Used	Cost	Comments
Power KWH			
Fuel Gas			
Oil			

Additional Notes (reference attachments here)