

NPDES Discharge Monitoring Report - Oregon Department of Environmental Quality (p. 1 of 2)

Facility Name	City of Molalla WWTP	Phone #	(503) 793-0507	Month/Year	02/2021
DEQ Permit #	101514	DEQ File #	57613	EPA Reference #	
Plant Type	Pre aerated lagoons with filtration	County	Clackamas	Population Served	9960

WS005

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Legally Authorized Signature

3/9/2021

Jake Ehredt

Date Name

Operator Certification					
Collection System Class	2	Principal Operator	Adam Shultz	Cert. #/Grade	12190/III
Treatment System Class	3	Principal Operator	Jake Ehredt	Cert. #/Grade	13453/III

Su, M, T, W, Th, F, Sa	Day of Month	INFLUENT										EFFLUENT													RECEIVING STREAM					DAILY LOG						
		Temperature	pH	Flow	BOD composite		TSS composite		Temperature	pH	Flow	DO	BOD			TSS			NUTRIENTS					DISINFECTION			COLIFORM		MOLALLA RIVER			Breakdowns, bypassing, odors, complaints, etc.	Day of Month			
					Concentration	Loading	Concentration	Loading					Concentration	% Removal	Loading	Concentration	% Removal	Loading	Total Kjeldahl Nitrogen	Ammonia Nitrogen	NO2 + NO3 Nitrogen-N	Alkalinity	Total Phosphorous	OIL & GREASE	Amount Used	Total Residual	Dechlorination (DMS)	E. Coli	MPN	MPN	Dilution			Stream Flow	Temperature	River Alkalinity
°C	SU	MGD	mg/L	lbs	mg/L	lbs	°C	SU	MGD	mg/L	mg/L	%	lbs	mg/L	%	lbs	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L						
M	1	12.8	6.5	1.410			9.7	7.7	2.035	12.14									14	0.47	0.00				41	1210	6.3			EFF inline PH electrode on order.	1					
T	2	12.2	6.7	1.665		96	1333	9.7	7.5	2.062	12.21	10		172	2	98	34		12	0.51	0.00				54	1590	6.9			INF BOD samples failed OAVQC . See notes	2					
W	3	12.1	6.6	1.665				9.6	7.6	2.206	12.45						10.8		14	0.42	0.01	<1			61	1850	6.2				3					
Th	4	12.4	6.7	1.369	96	1096		9.6	7.7	2.283	12.40	9	91	171	2	98	38		19	0.50	0.01				57	1720	6.7				4					
F	5	13.1	6.9	1.251				9.9	7.7	2.372	12.26								15	0.54	0.01				55	1620	7.2				5					
Sa	6		6.9	1.251				9.8		2.419	12.27								19	0.47	0.01				59	1740	7.0				6					
Su	7		6.7	1.176				9.9		2.430	12.25								16	0.40	0.01				55	1640	6.6				7					
M	8	13.2	6.7	1.027				9.9	7.5	2.376	12.27								13	0.30	0.01				51	1510	7.5				8					
T	9	14.8	7.0	0.954	153	1217		9.6	7.6	2.241	12.27	6	96	112	2	99	37		16	0.39	0.02				45	1340	5.3				9					
W	10	12.9	6.8	0.906				9.7	7.7	2.034	12.41								14	0.29	0.01	<1			40	1200	5.6				10					
Th	11	12.9	6.7	0.928	133	1029		9.4	7.7	1.932	12.25	7	95	113	2	99	32		14	0.45	0.01				37	1100	5.9				11					
F	12	11.2	6.6	2.028				8.9	7.6	1.743	12.36								14	0.33	0.01				39	1170	4.3				12					
Sa	13		6.4	2.882				8.4	7.6	2.235	12.57								10	0.41	0.01				76	2300	5.3				13					
Su	14		7.2	1.970				8.3	7.7	1.827	12.83								12	0.63	0.01				88	2730	6.6				14					
M	15		7.2	2.557				7.8	7.8	2.573	12.68								38	0.46	0.01				112	3430	6.6				15					
T	16	11.2	7.2	2.028	73	1235		8.9	7.7	2.494	12.78	5	93	104	3	96	62		11	0.37	0.01				141	4370	6.6				16					
W	17	12.0	6.6	1.621				9.1	7.6	2.786	12.80								17	0.43	0.01	<1			99	3070	6.6				17					
Th	18	12.1	6.8	1.673	80	1116		9.0	7.6	3.277	12.50	8	90	219	6	93	164		19	0.44	0.01				82	2470	6.6				18					
F	19	11.9	6.7	1.758				9.3	7.7	3.273	12.39								24	0.47	0.01				115	3440	6.5				19					
Sa	20		6.6	1.614				9.7	7.7	3.310	12.45								18	0.32	0.01				105	3170	6.4				20					
Su	21		6.8	1.434				9.6	7.8	3.288	12.42								13	0.38	0.01				86	2570	6.8				21					
M	22	12.4	6.6	1.323				10.0	7.7	2.962	12.32								26	0.50	0.01				83	2460	7.3				22					
T	23	11.9	6.5	1.238	93	960		9.9	7.8	3.180	12.44	9	90	239	5	96	133		17	0.33	0.05				104	3130	6.4				23					
W	24	12.3	6.4	1.141				10.0	7.8	3.094	12.45								20	0.42	0.01	<1			79	2380	5.7				24					
Th	25	12.4	6.9	1.143	114	1087		9.9	7.8	3.063	12.41	8	93	204	4	97	102		14	0.27	0.01				66	1980	6.2				25					
F	26	12.2	6.7	1.199				9.8	7.9	3.054	12.39								13	0.23	0.01				64	1920	6.0				26					
Sa	27		6.7	1.113				9.9	7.8	3.075	12.49								14	0.33	0.01				60	1800	6.3				27					
Su	28		6.7	1.051				10.6	7.8	3.051	12.12								17	0.36	0.01				55	1600	7.0				28					
																									0							29				
																									0							30				
																									0							31				
Total				41.375		7741				9589									463																	
Daily Min		11.2	6.4	0.906	73	960		67	1045	7.8	7.5	1.743	12.12	5	90	104	2	93	32	10	0.27	0.00	<1			38	1100	4.3								
Daily Max		14.8	7.2	2.882	153	1235		141	1384	10.6	7.9	3.310	12.83	10	96	239	6	99	164	38	0.63	0.05	<1			141	4370	7.5								
Wkly Avg											7.9			10		222	5		117							0	4370	7.5								
Mo Avg		12.4	6.7	1.478	106	1106		111	1199	9.5	7.7	2.596	12.41	8	93	167	3	97	75	17	0.41	0.01	<1			72	2161	6.4								
Daily Limits											6.0-9.0																									
Wkly Limits											18° C			15		240	20		300																	
Mo Limits													10	>85%	160	15	>85%	240						0.07	126											

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Facility Name	City of Molalla WWTP	Month/Year	02/2021	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): 2/2/2021, INF BOD failed OAOOC, D.O. change was < 2.0 Mg/l per Bottle, . Results will not be used in calculation but are reported as 50 Mg/l BOD. See Permit Schedule on pg.8, B,1,b. for details
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		
		MCRT	Sludge Volume Index	MLSS	pH	Temp	DO	Primary Cell		Secondary Cell		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					
								Depth	DO	Depth	DO																							gal	lbs/gal
M	1					11.6	6.49	11.9	5.48	11.4	2.84																				0.46	9.0	1	During this reporting period <input type="checkbox"/> Yes did all monitoring data and sampling frequencies meet permit requirements and limits? If "no," explain. <input checked="" type="checkbox"/> No	
T	2					11.1	8.13	12.0	5.89	11.4	3.38																				0.37	9.0	2	During this reporting period <input type="checkbox"/> Yes were there unanticipated bypasses or upsets which exceeded any effluent limits? If "yes," explain. <input checked="" type="checkbox"/> No	
W	3					11.1	8.06	12.1	5.95	11.4	4.55																				0.00	9.0	3	During this reporting period <input type="checkbox"/> Yes were there any sewer system overflows? If "yes," explain. <input checked="" type="checkbox"/> No	
Th	4					11.1	7.98	12.0	5.75	11.4	4.60																				0.02	9.0	4		
F	5					13.4	6.53	12.0	7.87	11.4	6.54																				0.00	8.0	5		
Sa	6																														0.03	4.0	6		
Su	7																														0.00	4.0	7		
M	8					11.3	6.64	11.4	5.20	11.3	5.79																				0.00	9.0	8		
T	9					11.0	7.62	11.3	3.99	11.3	5.34																				0.00	9.0	9		
W	10					11.2	7.00	11.1	5.30	11.2	4.65																				0.02	9.0	10		
Th	11					10.9	7.62	11.0	3.33	11.2	4.26																				0.37	9.0	11		
F	12					10.4	7.09	11.0	5.18	11.2	4.66																				0.63	9.0	12		
Sa	13																														0.40	4.0	13		
Su	14																														0.20	4.0	14		
M	15																														0.10	9.0	15		
T	16					10.2	5.76	12.3	1.06	11.5	6.14																				0.00	9.0	16		
W	17					10.9	8.65	12.3	4.41	11.6	3.12																				0.00	9.0	17		
Th	18					10.7	7.79	12.1	2.14	11.5	5.26																				0.42	9.0	18		
F	19					12.1	8.15	12.1	6.04	11.4	5.60																				0.31	8.0	19		
Sa	20																														0.00	4.0	20	Energy Used Cost Comments Power KWH	
Su	21																														0.00	4.0	21	Fuel Gas	
M	22					11.2	7.56	11.8	6.11	11.0	7.55																				0.09	9.0	22	Oil	
T	23					10.7	8.13	11.7	5.61	10.9	7.84																				0.05	9.0	23		
W	24					11.3	6.45	11.5	9.70	10.6	7.27																				0.03	9.0	24		
Th	25					10.7	7.17	11.4	5.51	10.4	7.43																				0.19	9.0	25		
F	26					11.0	6.67	11.3	6.29	10.2	8.23																				0.02	9.0	26		
Sa	27																														0.00	4.0	27	Additional Notes (reference attachments here)	
Su	28																														0.00	4.0	28		
																																		29	
																																		30	
																																		31	
Total																																3.71	210.0		
Daily Min						10.2	5.76	11.0	1.06	10.2	2.84																					0.00	4.0		
Daily Max						13.4	8.65	12.3	9.70	11.6	8.23																					0.63	9.0		
Wkly Avg Max																																			
Monthly Avg						11.2	7.34	11.7	5.31	11.2	5.53																					0.13	7.5		