

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	04/2022
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

5/2/2022

Seth Kelly

Date

Name

Operator Certification					
Collection System Class	2	Principal Operator	Adam Shultz	Cert. #/Grade	12190/II
Treatment System Class	3	Principal Operator	Seth Kelly	Cert. #/Grade	14110

Su, M, T, W, Th, F, Sa	Day of Month	INFLUENT										EFFLUENT										RECEIVING STREAM					DAILY LOG Breakdowns, bypassing, odors, complaints, etc.	Day of Month						
		Temperature	pH	Flow	BOD		TSS		Temperature	pH	Flow	DO	BOD			TSS			NUTRIENTS			DISINFECTION			COLIFORM				MOLALLA RIVER					
					Concentration	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			
																																mg/L	lbs	mg/L
F	1	14.6	7.1	0.874				15.4	6.3	1.178	9.98											18	0.31	0.00				37	885	8.8		1		
Sa	2		7.2	0.877				15.8	7.1	1.191	9.64											21	0.29	0.00				37	854	9.5		2		
Su	3		7.1	0.900				15.4	6.2	1.199	8.59											17	0.32	0.00				39	800	9.9		3		
M	4	13.5	7.1	1.344				14.4	7.4	1.209	11.10											18	0.35	0.00	<1			50	1350	8.3		4		
T	5	14.1	7.0	1.146	172	1644		232	2217	13.5	7.2	1.212	11.22									15	0.28	0.00				59	1610	9.1	All Eff BOD bottles below 1 mg/l DO. Believe cause is from pump capacity test ran for engineer on during sample run.	5		
W	6	14.5	7.0	1.046	130	1134		108	942	14.2	7.6	1.221	11.08	6	95	61	2	98	20			18	0.47	0.00				50	1340	8.2		6		
Th	7	14.0	7.1	0.996				14.9	7.5	1.190	10.55											19	0.34	0.00				47	1200	9.9		7		
F	8	14.5	7.0	0.951				16.3	7.4	1.235	9.99											23	0.36	0.00				46	1120	11.7		8		
Sa	9		7.1	0.940				15.3	7.5	1.269	9.77											19	0.32	0.00				45	1070	7.5		9		
Su	10		6.9	1.069				13.9	7.4	1.261	9.80											14	0.27	0.00				44	1040	6.8		10		
M	11	13.1	6.7	1.744				12.4	7.4	1.490	10.39											19	0.42	0.00	<1			55	1380	6.7		11		
T	12	13.5	6.8	1.595	90	1197		125	1663	11.8	7.5	1.535	10.26	12	87	154	3	98	38			23	0.42	0.00				59	1460	8.2		12		
W	13	12.9	6.8	1.776	84	1244		85	1259	12.4	7.4	1.609	9.44	9	89	121	2	98	27			23	0.58	0.00				67	1540	7.8		13		
Th	14	13.5	6.8	1.597				12.5	7.8	1.712	10.73											25	0.48	0.00				58	1510	8.4		14		
F	15	13.5	6.9	1.582				12.9	7.6	2.397	10.36											25	0.42	0.00				57	1420	8.0		15		
Sa	16		6.9	1.404				13.6	7.8	2.647	10.30											29	0.38	0.00				54	1340	9.5		16		
Su	17		6.9	1.273				13.8	7.8	2.645	10.07											26	0.44	0.00				50	1230	8.3		17		
M	18	14.2	7.5	1.332				13.4	7.9	2.615	10.67											31	0.44	0.00	<1			47	1210	7.0		18		
T	19	13.3	6.9	1.627	104	1411		127	1723	13.0	7.8	2.591	11.33	14	87	303	4	97	86			27	0.45	0.00				63	1720	9.4		19		
W	20	13.5	6.8	1.721	75	1076		116	1665	13.0	7.9	2.587	11.14	10	87	216	4	97	86			36	0.53	0.00	<1			68	1840	8.7		20		
Th	21	13.6	6.9	1.715				14.1	7.5	2.703	9.99											46	0.77	0.00				93	2250	10.0		21		
F	22	13.7	6.9	1.511				15.8	7.4	2.734	9.88											44	0.56	0.00				88	2100	9.7		22		
Sa	23		7.0	1.336				17.6	7.4	2.705	9.28											46	0.61	0.00				82	1840	11.4		23		
Su	24		7.0	1.275				18.6	7.3	2.670	8.55											33	0.35	0.00				85	1760	6.8		24		
M	25	14.0	7.0	1.283				16.9	7.4	2.673	9.57											45	0.61	0.00				78	1810	10.3		25		
T	26	14.1	6.9	1.247	132	1373		135	1404	16.9	7.2	2.634	9.55	28	79	615	5	96	110			43	0.48	0.00	<1			75	1740	10.7	Read BOD on 6th day	26		
W	27	14.5	6.9	1.186	129	1276		132	1306	17.7	7.1	2.490	9.39	29	78	602	5	96	104			40	0.49	0.00				70	1590	6.2		27		
Th	28	14.4	7.0	1.144				17.4	7.2	2.127	9.35											36	0.45	0.00				64	1440	10.0		28		
F	29	14.3	6.8	1.147				16.4	7.2	1.083	9.48											46	0.46	0.00				64	1470	10.1		29		
Sa	30		6.9	1.804						0.000																		0	2130	10.3	No Plant Discharge	30		
Total				39.442		10356			12179		55.812											825												
Daily Min		12.9	6.7	0.874	75	1076		85	942	11.8	6.2	0.000	8.55	6	78	61	2	96	20			14	0.27	0.00	<1			39	800	6.2				
Daily Max		14.5	7.5	1.804	172	1644		232	2217	18.6	7.9	2.734	11.33	29	95	615	5	98	110			46	0.77	0.00	<1			82	2250	11.7				
Wkly Avg									7.9					29		609	5		107									0	2250	11.7				
Mo Avg		13.8	7.0	1.315	115	1294		133	1522	14.8	7.4	1.860	10.05	15	87	296	4	97	65			28	0.44	0.00	<1			60	1468	8.9				
Daily Limits								6.0-9.0								800			480					0.18	406									
Wkly Limits								18° C								37			600															
Mo Limits																25	>85%	400	15	>85%	240				0.07	126								

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Facility Name	City of Molalla WWTP	Month/Year	04/2022	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	
		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	outfall:		outfall:		outfall:						
								Depth	DO	Depth	DO													gal	lbs/gal	gal	SU	gal	hrs	gal				hrs
Days	SU	°C	mg/L	Feet	mg/L	Feet	mg/L	Feet	mg/L																									
F	1				14.9	4.88	10.4	4.03																						0.04	9.0	1		
Sa	2																													0.00	6.0	2		
Su	3																													0.42	6.0	3		
M	4				14.5	6.31	10.7	5.14																						0.43	9.0	4		
T	5				13.6	7.32	10.9	6.67																						0.00	9.0	5		
W	6				14.1	7.13	10.8	2.97																						0.00	9.0	6		
Th	7				14.8	6.28	10.6	4.19																						0.03	9.0	7		
F	8				14.8	6.16	10.6	4.40																						0.07	9.0	8		
Sa	9																													0.10	6.0	9		
Su	10																													0.58	6.0	10		
M	11				13.3	6.32	10.8	5.51																						0.15	9.0	11		
T	12				13.2	7.17	10.9	5.79																						0.39	9.0	12		
W	13				13.3	6.78	11.1	6.29																						0.01	9.0	13		
Th	14				13.0	6.14	11.0	8.83																						0.19	9.0	14		
F	15				13.6	6.72	11.0	7.13																						0.02	9.0	15		
Sa	16																													0.00	6.0	16		
Su	17																													0.00	6.0	17		
M	18				13.9	7.00	10.8	9.00																						0.34	9.0	18		
T	19				14.2	7.29	10.8	9.54																						0.09	9.0	19		
W	20				13.6	7.37	10.9	8.96																						0.04	9.0	20		
Th	21				14.0	7.51	10.9	8.93																						0.02	9.0	21		
F	22				14.2	6.97	11.0	7.86																						0.02	9.0	22		
Sa	23																													0.00	6.0	23		
Su	24																													0.00	6.0	24		
M	25				15.5	6.75	10.7	11.03																						0.00	9.0	25		
T	26				15.4	6.83	10.6	6.54																						0.15	9.0	26		
W	27				15.1	7.22	10.5	7.02																						0.01	9.0	27		
Th	28				15.0	7.31	10.4	5.67																						0.05	9.0	28		
F	29				14.6	7.83	10.4	8.66																						0.58	9.0	29		
Sa	30																													0.32	6.0	30		
Total																															4.05	243.0		
Daily Min					13.0	4.88	10.4	2.97																							0.00	6.0		
Daily Max					15.5	7.83	11.1	11.03																								0.58	9.0	
Wkly Avg Max																																		
Monthly Avg					14.2	6.82	10.8	6.86																							0.14	8.1		

Energy	Used	Cost	Comments
Power KWH			
Fuel Gas			
Oil			

Additional Notes (reference attachments here)

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