

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

WS005

Facility Name	City of Molalla WWTP	Month/Year	09/2022	Laboratory Name:	Edge Analytical
DEQ Permit #	101514	DEQ File #	57613	ORELAP Lab ID#:	3254/3255
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):					
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	MGD	acres
Days	SU	°C	mg/L	Feet	mg/L	Feet	mg/L	Feet	mg/L	gal	lbs/gal	gal	SU	gal	SU	gal	hrs	gal	hrs	MGD	acres	in/acre														
Th	1				23.0	4.70	10.6	0.62	8.1	5.02																							9	1	During this reporting period did all monitoring data and sampling frequencies meet permit requirements and limits? If "no," explain. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
F	2				23.8	2.81	10.7	7.45	7.9	3.82																						9	2	During this reporting period were there unanticipated bypasses or upsets which exceeded any effluent limits? If "yes," explain. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Sa	3						10.7		7.8																							6	3			During this reporting period were there any sewer system overflows? If "yes," explain. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Su	4						10.7		7.7																							6	4			
M	5						10.7		7.7																							6	5			
T	6				23.6	2.19	10.7	10.00	7.6	11.45																						9	6			
W	7				23.1	3.53	10.7	3.77	7.6	9.74																						9	7			
Th	8				19.1	3.65	10.6	6.99	7.5	7.25																						9	8			
F	9				22.5	3.02	10.5	6.93	7.4	7.33																						9	9			
Sa	10																															6	10			
Su	11																															6	11			
M	12				21.9	4.31	10.5	3.72	7.3	4.31																						9	12			
T	13				21.6	4.19	10.5	2.72	7.2	4.08																						9	13			
W	14				21.8	3.22	10.5	9.34	7.0	2.36																						9	14			
Th	15				21.6	4.24	10.5	7.17	7.0	2.41																						9	15			
F	16				21.5	3.99	10.4	7.66	6.9	6.76																						9	16			
Sa	17						10.4		6.9																							9	17			
Su	18						10.3		6.9																							9	18			
M	19				21.3	2.83	10.3	12.22	6.9	4.95																						9	19			
T	20				20.8	4.88	10.3	5.88	6.8	8.76																						9	20			
W	21				21.2	3.71	10.3	5.88	6.7	8.76																						9	21			
Th	22				20.9	4.14	10.2	5.89	6.5	8.33																						9	22			
F	23				20.4	3.99	10.2	11.00	6.4	6.76																						9	23			
Sa	24						10.2		6.4																							6	24			
Su	25						10.2		6.4																							6	25			
M	26				20.8	3.59	10.2	4.65	6.3	7.63																						9	26			
T	27				21.9	2.24	10.2	10.32	6.3	8.66																						9	27			
W	28				20.9	4.05	10.2	4.76	6.1	3.18																						9	28			
Th	29				20.6	3.23	10.2	6.67	6.1	2.56																						9	29			
Fr	30				20.5	2.05	10.1	5.21	6.0	1.13																						9	30			
																																	9		31	
Total																																	249			
Daily Min					19.1	2.05	10.1	0.62	6.0	1.13																						6				
Daily Max					23.8	4.88	10.7	12.22	8.1	11.45																										
Wkly Avg Max																																				
Monthly Avg					21.6	3.55	10.4	6.60	7.0	5.96																							8.3			

Energy	Used	Cost	Comments
Power KWH			
Fuel Gas			
Oil			

Additional Notes (reference attachments here)

