

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

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WS005

Facility Name		City of Molalla WWTP		Month/Year		03/2025		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
		Days			SU	°C	mg/L	Feet	mg/L		Feet	mg/L				gal		lbs/gal	gal		SU						gal	hrs	gal	hrs	MGD	acres	in/acre						
Sa	1																																0.02	6.0	1	During this reporting period did all monitoring data and sampling frequencies meet permit requirements and limits? If "no," explain. <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
Su	2																															0.02	6.0	2					
M	3						10.8	2.57		9.1	7.46																					0.02	9.0	3					
Tu	4						10.6	1.01		9.1	6.46																					0.07	9.0	4					
W	5						10.4	2.42		9.2	7.52																					0.00	9.0	5	During this reporting period were there unanticipated bypasses or upsets which exceeded any effluent limits? If "yes," explain. <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>				
Th	6						10.1	3.37		9.1	8.58																					0.00	9.0	6					
F	7						9.9	3.89		9.0	9.25																					0.00	9.0	7					
Sa	8																															0.00	6.0	8					
Su	9																															0.53	6.0	9	During this reporting period were there any sewer system overflows? If "yes," explain. <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>				
M	10						9.9	2.51		8.3	9.94																					0.03	9.0	10					
Tu	11						9.9	2.81		8.2	8.70																					0.10	9.0	11					
W	12						10.0	2.43		7.9	7.90																					0.92	9.0	12					
Th	13						10.3	3.88		7.7	7.45																					0.10	9.0	13	During this reporting period were there any sewer system overflows? If "yes," explain. <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>				
F	14						10.5	2.33		7.7	6.50																					0.85	9.0	14					
Sa	15																															0.37	6.0	15					
Su	16																															0.54	6.0	16					
M	17						10.9	2.43																															