

State of Oregon Department of Environmental Quality 700 NE Multnomah St. Suite 600, Portland, OR 97232

DEQ use only

Wastewater Solids and Biosolids Annual Report Part I: Wastewater solids production and disposition

Pa	art I: Must be completed by all don	nestic wast	ewater facilitie	3 \$.			
			ING PERIOD				
1.	This report is for biosolids produced durin	g the calendar	year:2022				
			NFORMATION				
1.	Permit Type (select one): NPDES or WPCF		DEQ File No.:57613				
1.	DEQ Permit No.:101514		EPA Permit No.:OR-002238-1				
	C.	FACILITY I					
1.	Legal name of facility: Molalla Sewer Trea						
	Physical address						
2.	Street Address:12424 S. Toliver Rd.						
	City: Molalla State: OR			Zip code:97038			
	Mailing address Same as physical address.						
3.	Mailing Address: P.O. Box 248						
	City:Molalla	State:OR		Zip code:97038			
	Facility Type (check all that apply)						
4.	Major or Tier 1 facility (design flow of 1 mgd or greater, or serving a population of 10,000 or greater) Minor or Tier 2 facility (design flow less than 1 mgd or serving a population less than 10,000) Class I wastewater treatment facility (i.e., facility with a pre-treatment program) Biosolids only facility Lagoon treatment system Other, please specify:						
	D. (CONTACTI	NFORMATION				
	Responsible official						
	Name: Andy Peters		Title:Public Works Division Manager				
1.	Email Address:apeters@cityofmolalla.com		Telephone: 503-829-6855				
	Mailing Address: P.O.Box 248						
	City:Molalla		State:OR	Zip code:97038			
	Biosolids contact Same as responsible official						
	Name: Seth Kelly		Title: Wastewater Treament Lead Operator				
2.	Email Address: skelly@cityofmolalla.com		Telephone: 503-302-3600				
	Mailing Address: P.O.Box 248						
	City:Molalla		State:OR	Zip code:97038			

	Please indicate if you received wastewater solids or hauled from other facilities for processing. Did you receive wastewater solids or hauled waste from other facilities? Yes NO If you received unprocessed wastewater solids, please list sources below. All weight values should be reported in US tons. (US ton= 2,000 lbs) Attach additional pages if necessary.							
	Name	Туре		Contraction the second contraction	Units (choose	e one)	% solids	
١.		septage	sludge		gallons	wet tons dry tons	0.00%	
		septage	sludge		gallons [wet tons dry tons	0.00%	
ŀ	septage sludge		sludge		gallons [wet tons dry tons	0.00%	
-		septage	sludge	gallons		wet tons dry tons	0.00%	
		septage	sludge		gallons	wet tons dry tons	0.00%	
•	Please indicate the se Thickening techn Gravity DAF Centrifugation Other:	ology	Stabili Aerobic of	zation Tec ligestion c digestion oilization	nt your facilit	Dewatering technol Belt press Plate and frame press Screw press Centrifuge Vacuum filter Drying beds Heat drying Other: Tanker Ha		
	Dry to	ns = wet tons x			$ds = \frac{(gal \times \%solid)}{100}$ $ds = \frac{(gal \times \%solid)}{100}$	$\frac{(s \times 8.34)}{(s \times 8.34)} \times 0.0005$		

	G. WASTEWATER SOL	IDS DISPOS	ITION		
	Please indicate how wastewater solids were mana units. All weight values should be reported in US tons	ged at your fa . US ton.= 2,0	cility. Please	specify repo	orting
	Disposition of wastewater solids	Quantity (choose one)			% solids
1.	Treated and land applied, sold, or given-away as biosolids or biosolids-derived products	Gallons	Wet tons	Dry Tons	0.00%
2.	Sent to landfill. Name:	Gallons	Wet tons	Dry Tons	0.00%
3.	Sent to another permitted facility for treatment. Name: Patriot Environmental	Gallons	Wet tons	Dry Tons 1,461.16	3.57%
4.	Long-term storage at treatment facility (e.g., lagoon, drying bed, etc.)*	Gallons	Wet tons	Dry Tons	0.00%
5.	Other. Please specify:	Gallons	Wet tons	Dry Tons	0.00%

^{*} If you operate a lagoon system and do not have accurate data on the quantity of solids in your lagoon, please check the box for long-term storage, but you may leave the quantity and other information blank.

	H. LAGOON SYSTEM OPERATION and MAINTENANCE					
	The following section is required for facilities that operate wastewater treatment lagoons.					
1.	A survey of wastewater solids have been completed within the last year: Y N					
2.	In what year were solids last removed from the lagoon:2022					
	When do you estimate the next solids removal? Select only one of the following:					
3.	Within the next calendar year Within the next 5 years Greater than 5 years from present					
	I. SIGNATURE OF LEGALLY AUTHORIZED REPRESENTATIVE					
	I certify that the information in this report is true and correct to the best of my knowledge and belief. Information and records used or referenced with this report will be maintained and made available to the Oregon Department of Environmental Quality on request.					
	Signature Libstewater Tradment Title Lead Operator Date					
	Print Name: Settle Lead Operator Date					
	Time Ivanic. Seth Belly					