



Public Works Department
117 N Molalla Avenue
PO Box 248
Molalla, Oregon 97038
Phone: (503) 829-6855
Fax: (503) 829-3676

December 21, 2021

TO: Pat Heins, Recycled Water Program Coordinator
DEQ Water Quality Division
700 NE Multnomah Street, Suite 600
Portland, OR 97232

FROM: Andy Peters, Public Works Div Manager, City of Molalla

CC: Mac Corthell, Community Dev Director, City of Molalla
Dan Huff, City Manager, City of Molalla
Mike Pinney, DEQ

RE: MEMORANDUM OF TRANSMITTAL : Recycled Water Annual Report

Attachments: DEQ Form v. 10-26-2018 (6 pages); Edge Analytics lab reports (2 pages)

Notes:

- Description of changes to treatment facilities: NONE
- Description of changes to processes specific to production of recycled water: NONE
- Weather data: ON FILE
- Results of site inspection reports: ON FILE
- Description of any operational problems (e.g., system upsets, overflows, etc.) and the corrective actions taken: NONE
- Description of changes in the beneficial purpose (e.g., crop changes, water delivery times, supplemental water sources, etc.): NONE
- Location and amount of recycled water used for each beneficial purpose: SEE ATTACHED
- Recycled water volume produced: SEE ATTACHED
- Recycled water characteristics including bacteria and other required monitoring results: SEE ATTACHED
- Results from any site monitoring (e.g., soil monitoring): SEE ATTACHED
- Any planned or anticipated changes to the treatment facility equipment or operations during the next calendar year: NONE
- Description of any proposed or anticipated changes in water reuse operations, including major changes in agricultural practices, such as crops: NONE

Andy Peters
City of Molalla
Public Works Operations Supervisor
(503) 829-6855 x220
Cell: 503-793-0507
apeters@cityofmolalla.com
117 N Molalla Ave
Molalla, OR 97038



State of Oregon
Department of
Environmental
Quality

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

DEQ use only

Recycled Water Annual Report

Part I: Recycled water production and disposition

A. REPORTING PERIOD

1. This report is for recycled water produced during the calendar year: 2021

B. PERMIT INFORMATION

1. Permit Type (select one): NPDES or WPCF DEQ File No.: 57613
DEQ Permit No.: 101514 EPA Permit No.:

C. FACILITY INFORMATION

1. Legal name of facility: Molalla Sewer Treatment Plant

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: Oregon 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)
 Other, please specify:

D. CONTACT INFORMATION

Responsible official

1. Name: Andy Peters Title: Public Works Div Manager
Email Address: Apeters@cityofmolalla.com Telephone: 503-829-6855
Mailing Address: P.O. BOX 248
City: Molalla State: Oregon Zip code: 97038

Recycled water contact Same as responsible official

2. Name: Jake Ehredt Title: Lead Waste Water Operator
Email Address: Jehredt@cityofmolalla.com Telephone: 503-793-4238
Mailing Address: P.O. BOX 248
City: Molalla State: Oregon Zip code: 97038

E. RECYCLED WATER TREATMENT PROCESSES

Please indicate the recycled water treatment processes used at your facility (mark all that apply)		
Treatment technology	Filtration technology	Disinfection technology
1. <input type="checkbox"/> Primary Clarifier <input type="checkbox"/> Secondary Clarifier <input checked="" type="checkbox"/> DAF <input checked="" type="checkbox"/> Lagoon <input type="checkbox"/> Membrane reactor <input type="checkbox"/> Trickling filter <input type="checkbox"/> Other:	<input type="checkbox"/> Sand filter <input checked="" type="checkbox"/> Mixed media filter <input type="checkbox"/> Bio-filtration <input type="checkbox"/> Artificial wetland <input type="checkbox"/> Other:	<input type="checkbox"/> Ultraviolet <input type="checkbox"/> Chlorine <input type="checkbox"/> Ozone <input type="checkbox"/> Paracetic acid <input type="checkbox"/> Hydrogen peroxide <input checked="" type="checkbox"/> Hypochlorite <input type="checkbox"/> Pasteurization <input type="checkbox"/> Other:

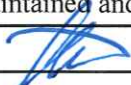
F. RECYCLED WATER SAMPLING and PRODUCTION

Select your facility's regulatory monitoring frequency:					
Water Class	A	B	C	D	Non-disinfected
1. Monitoring frequency	<input type="checkbox"/> Daily/hourly	<input type="checkbox"/> 3/week	<input checked="" type="checkbox"/> 1/week	<input type="checkbox"/> Once per month	<input type="checkbox"/> As specified in permit
Parameters	Total Coliform (daily) Turbidity (hr)	Total coliform	Total coliform	<i>E. coli</i>	As Specified in permit
Please indicate total volume of each class of recycled water produced at your facility.					
2. Total quantity produced (gal)			125.891		

G. SUMMARY OF ATTACHMENTS

1.	Information required with some annual reports:	
	<input type="checkbox"/> Additional copies of tables in Part II for all recycled water produced during the calendar year. <input checked="" type="checkbox"/> Laboratory reports showing analytical results only. <u>NO LAB QA/QC</u>	
2.	Example of documentation held by the permittee and available upon request:	
	<input checked="" type="checkbox"/> Additional land application site information. <input checked="" type="checkbox"/> Daily irrigation and records.	<input type="checkbox"/> Nitrogen loading calculations <input checked="" type="checkbox"/> Daily or hourly sampling results

H. SIGNATURE OF LEGALLY AUTHORIZED REPRESENTATIVE

I certify that the information in this report is true, correct and representative of the recycled water produced at my facility 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	Public Works Div Manager _____ Title	12/21/21 _____ Date
Print Name: Andy Peters		



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

Recycled Water Annual Report
 Part II: Sampling and Monitoring Summary

DEQ use only

I. RECYCLED WATER CLASSIFICATION

	Month	Turbidity (NTU)				Total Coliform (organisms/100mL)					E. coli (organisms/100mL)				
		Max 24hr Mean	Avg 24 hr mean	Max	Ave	# of samples	Max 7day median	Avg 7day median	Max	Ave	# of samples	Max 30day log mean	Avg 30day log mean	Max	Ave
1.	Jan														
2.	Feb														
3.	Mar														
4.	Apr														
5.	May			.07	.4	15	<1	<1	8.5	<1					
6.	Jun			1.1	0.5	24	<1	<1	19	<1					
7.	Jul			1.0	.6	28	<1	<1	4.1	<1					
8.	Aug			1.2	.7	27	<1	<1	344.1	<1					
9.	Sep			.7	.4	26	<1	<1	61.3	<1					
10.	Oct			0.3	0.3	17	<1	<1	17.0	<1					
11.	Nov														
12.	Dec														
13.															
14.															
15.	Annual														
Attach additional pages as needed to report all sampling.															

** Please attach laboratory report showing sample results only. No lab QA/QC.

J. RECYCLED WATER CHARACTERIZATION

	Month	pH (SU)			Residual Cl (mg/L)			Sodium (mg/L)					
		# of samples	Min	Max	Ave	# of samples	Min	Max	Ave	# of samples	Min	Max	Ave
1.	Jan												
2.	Feb												
3.	Mar												
4.	Apr												
5.	May	5	7.3	7.8	7.4	18	0.6	5.70	1.68				
6.	Jun	10	7.4	7.6	7.5	27	0.42	4.30	1.12				
7.	Jul	8	7.2	7.5	7.3	28	0.25	8.30	1.16				
8.	Aug	9	7.3	7.7	7.5	28	0.41	4.98	1.49				
9.	Sep	7	7.3	7.6	7.5	26	0.40	3.50	1.71				
10.	Oct	4	7.3	7.5	7.4	17	0.25	3.70	1.85				
11.	Nov												
12.	Dec												
13.													
14.													
15.	Annual												
Attach additional pages as needed to report all sampling.													

*** Please attach laboratory report showing sample results only. No lab QA/QC.*

K. RECYCLED WATER NUTRIENT

Month	Nitrogen TKN (mg/L)			Nitrogen NO2 + NO3 (mg/L)			Ammonia NH3-N (mg/L)			Phosphate PO4 (mg/L)			Potassium K (mg/L)		
	# of samples	Max	Ave	# of samples	Max	Ave	# of samples	Max	Ave	# of samples	Max	Ave	# of samples	Max	Ave
Jan															
Feb															
Mar															
Apr															
May															
Jun	1	20.5	20.5	1	2.09	2.09	1	24.3	24.3	1	0.435	0.435			
Jul															
Aug															
Sep	1	13.80	13.80	1	3.35	3.35	1	13.70	13.70	1	.06	.06			
Oct															
Nov															
Dec															
Annual															

Attach additional pages as needed to report all sampling.

*** Please attach laboratory report showing sample results only. No lab QA/QC.*

L. RECYCLED WATER APPLICATION

Month	Site Name: North Coleman				Site Name: South Colman				Site Name: Cemetery				Site Name: WWTP			
	Class: C				Class: C				Class: C				Class: C			
	Use or Crop: Pasture				Use or Crop: Pasture				Use or Crop: Ornamental				Use or Crop: Ornamental			
	Area (acres): 270				Area (acres): 163				Area (acres): 3.4				Area (acres): 8.1			
	Agronomic rate: 3.6 in/ac or 1.9 in/ac				Agronomic rate: 3.6 in/ac or 1.9 in/ac				Agronomic rate:				Agronomic rate:			
	Soil moisture monitoring: Moisture blocks				Soil moisture monitoring: Moisture blocks				Soil moisture monitoring: Moisture blocks				Soil moisture monitoring: Moisture blocks			
	Additional N sources: 56 lb-N/acre				Additional N sources: 57 lb-N/acre				Additional N sources: 57 lb-N/acre				Additional N sources: 55 lb-N/acre			
	# of days discharging	Total Volume applied	Ave Daily Loading	Max Daily Loading	# of days discharging	Total volume applied	Ave Daily Loading	Max Daily Loading	# of days discharging	Total Volume applied	Ave Daily Loading	Max Daily Loading	# of days discharging	Total Volume applied	Ave Daily Loading	Max Daily Loading
		gal	in	in		gal	in	in		gal	in	in		gal	in	in
Jan																
Feb																
Mar																
Apr																
May	16	10.505	0.1	0.1	10	4.457	0.1	0.1								
Jun	24	15.394	0.1	0.1	20	9.218	0.1	0.1								
Jul	27	20.043	0.1	0.1	19	8.881	0.1	0.1	3	0.098	0.2	0.2				
Aug	26	22.308	0.1	0.1	16	7.797	.01	0.2	10	0.912	0.2	0.9				
Sep	19	11.361	0.1	0.1	10	5.362	0.1	0.2	7	0.134	0.1	0.2				
Oct	12	5.974	0.1	0.1	7	3.434	0.1	0.1	2	0.013	0	0				
Nov																
Dec																
Annual	124	85.585	0.1	0.1	82	39.149	0.1	0.1	22	1.157	0.1	0.3				

Attach additional pages as needed to report all sites.

$$\text{Daily Loading (inches)} = \frac{\text{Volume Applied (gallons)}}{\text{Area (acres)} \times 27,152 \left(\frac{\text{gallons}}{\text{acre inches}} \right)}$$



Burlington, WA *Corporate Laboratory (a)*
 1620 S Walnut St - Burlington, WA 98233 - 800.755.9295 -
 Bellingham, WA *Microbiology (b)*
 805 Orchard Dr Ste 4 - Bellingham, WA 98225 - 360 715 1212

Portland, OR *Microbiology/Chemistry (c)*
 9150 SW Pioneer Ct Ste W - Wilsonville, OR 97070 - 503 682 7802
 Corvallis, OR *Microbiology/Chemistry (d)*
 1100 NE Circle Blvd, Ste 130 - Corvallis, OR 97330 - 541.753.4946
 Bend, OR *Microbiology (e)*
 20332 Empire Blvd Ste 4 - Bend, OR 97701 - 541 639 8425

Data Report

Client Name: Molalla, City of WWTP
 12424 S. Toliver Rd.
 Molalla, OR 97038

Reference Number: **21-20563**
 Project: Molalla WWTP

Report Date: 6/23/21

Date Received: 6/8/21

Approved by: bj,bsp,jdn

Authorized by:

Thanh B Phan
 Lab Manager, Portland

Sample Description: City of Molalla E.P.S.						Matrix: WW		Sample Date: 6/8/21 12:00 pm				
Lab Number: 39142		Sample Comment:				Collected By: James Clifton						
CAS ID#	Parameter	Result	PQL	MDL	Units	DF	Method	Lab	Analyzed	Analyst	Batch	Comment
7664-41-7	AMMONIA-N	24.3	0.100	0.0846	mg/L	10.0	350.1	a	6/18/21	TJB	350.1_210618	
E-10264	TOTAL KJELDAHL NITROGEN	20.5	10	2.925	mg/L	50.0	351.2	a	6/21/21	TJB	351.2_210621	
E-10128	TOTAL NITRATE+NITRITE as N	2.09	0.01	0.0052	mg/L	1.0	SM4500-NO3 F	c	6/8/21	RLV	eno3_210608	
7723-14-0	TOTAL PHOSPHORUS	0.435	0.020	0.0086	mg/L	2.0	SM4500-P F/SM4500-P B(5)	a	6/11/21	BSP	TPHOS_210611	

Notes:

ND = Not detected above the listed practical quantitation limit (PQL) or not above the Method Detection Limit (MDL), if requested.
 PQL = Practical Quantitation Limit is the lowest level that can be achieved within specified limits of precision and accuracy during routine laboratory operating conditions.
 D.F. - Dilution Factor

If you have any questions concerning this report contact us at the above phone number.



Burlington, WA *Corporate Laboratory (a)*
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 9150 SW Pioneer Ct Ste W - Wilsonville, OR 97070 - 503.682.7802
 Corvallis, OR *Microbiology/Chemistry (d)*
 1100 NE Circle Blvd, Ste 130 - Corvallis, OR 97330 - 541.753.4545
 Bend, OR *Microbiology (e)*
 20332 Empire Blvd Ste 4 - Bend, OR 97701 - 541.639.8425

Data Report

Client Name: Molalla, City of WWTP
 12424 S. Toliver Rd.
 Molalla, OR 97038

Reference Number: **21-33975**
 Project: Molalla WWTP

Report Date: 9/23/21

Date Received: 9/8/21

Approved by: bj,bsp,rtv

Authorized by:

Thanh B Phan
 Lab Manager, Portland

Sample Description: City of Molalla E.P.S.		Matrix WW		Sample Date: 9/8/21 7:45 am								
Lab Number: 65419		Sample Comment:		Collected By: MJ								
CAS ID#	Parameter	Result	PQL	MDL	Units	DF	Method	Lab	Analyzed	Analyst	Batch	Comment
NA	TOTAL NITROGEN	17.2	0.20		mg/L	1.0	<SUM>	a	9/22/21	TJB	TN_210922	
7664-41-7	AMMONIA-N	13.2	0.050	0.0423	mg/L	5.0	350.1	a	9/20/21	TJB	350.1_210920	
E-10264	TOTAL KJELDAHL NITROGEN	13.8	1	0.2925	mg/L	5.0	351.2	a	9/21/21	TJB	351.2_210921	
E-14506	ALKALINITY	99.3	4.0		mg CaCO3/L	4.0	SM2320 B	a	9/12/21	BCM	ALK_210910	
E-10128	TOTAL NITRATE+NITRITE as N	3.35	0.20	0.104	mg/L	20.0	SM4500-NO3 F	c	9/9/21	JDN	eno3_210909	
7723-14-0	TOTAL PHOSPHORUS	0.061 J	0.100	0.02682	mg/L	10.0	SM4500-P F/SM4500-P B(5)	a	9/21/21	BSP	TPHOS_210921	

Notes:

ND = Not detected above the listed practical quantitation limit (PQL) or not above the Method Detection Limit (MDL), if requested.
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