



Public Works Department

117 N Molalla Avenue
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01/19/22

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

FROM: Andy Peters, Operations Supervisor, 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 : Biosolids Annual Report

Attachments: DEQ Form v. 10-26-2018 (3 pages)

Notes:

- 27.84 dry tons hauled to Patriot Environmental
- No land application in 2021
- No sale or give-away of biosolids in 2021
- Hard Copy of this report available upon request

Andy Peters

City of Molalla
Public Works Operations Supervisor
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117 N Molalla Ave
Molalla, OR 97038



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

Part I: Must be completed by all domestic wastewater facilities.

A. REPORTING PERIOD

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

B. PERMIT INFORMATION

1.	Permit Type (select one): <input checked="" type="checkbox"/> NPDES or <input type="checkbox"/> WPCF	DEQ File No.:57613
	DEQ Permit No.:101514	EPA Permit No.:OR-002238-1

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: 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. CONTACT INFORMATION

Responsible official

1.	Name: Andy Peters	Title: Public works Division manager	
	Email Address: apeters@cityofmolalla.com	Telephone: 503-829-6855	
	Mailing Address: P.O. Box248		
	City: Molalla	State: OR.	Zip code: 97038

Biosolids contact Same as responsible official

2.	Name:	Title:	
	Email Address:	Telephone:	
	Mailing Address:		
	City:	State:	Zip code:

E. WASTEWATER SOLIDS RECEIVED

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	Type	Quantity	Units (choose one)	% solids
1.	<input type="checkbox"/> septage <input type="checkbox"/> sludge		<input type="checkbox"/> gallons <input type="checkbox"/> wet tons <input type="checkbox"/> dry tons	0.00%
	<input type="checkbox"/> septage <input type="checkbox"/> sludge		<input type="checkbox"/> gallons <input type="checkbox"/> wet tons <input type="checkbox"/> dry tons	0.00%
	<input type="checkbox"/> septage <input type="checkbox"/> sludge		<input type="checkbox"/> gallons <input type="checkbox"/> wet tons <input type="checkbox"/> dry tons	0.00%
	<input type="checkbox"/> septage <input type="checkbox"/> sludge		<input type="checkbox"/> gallons <input type="checkbox"/> wet tons <input type="checkbox"/> dry tons	0.00%
	<input type="checkbox"/> septage <input type="checkbox"/> sludge		<input type="checkbox"/> gallons <input type="checkbox"/> wet tons <input type="checkbox"/> dry tons	0.00%

F. WASTEWATER SOLIDS TREATMENT PROCESSES

Please indicate the solids treatment processes used at your facility (mark all that apply)

Thickening technology	Stabilization Technology	Dewatering technology
<input type="checkbox"/> Gravity <input type="checkbox"/> DAF <input type="checkbox"/> Centrifugation <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Aerobic digestion <input checked="" type="checkbox"/> Anaerobic digestion <input type="checkbox"/> Lime stabilization <input type="checkbox"/> ATAD <input type="checkbox"/> Composting <input type="checkbox"/> Thermal <input checked="" type="checkbox"/> Lagoon <input type="checkbox"/> Other:	<input type="checkbox"/> Belt press <input type="checkbox"/> Plate and frame press <input type="checkbox"/> Screw press <input type="checkbox"/> Centrifuge <input type="checkbox"/> Vacuum filter <input type="checkbox"/> Drying beds <input type="checkbox"/> Heat drying <input checked="" type="checkbox"/> Other: Tanker Hauling

$$\text{Dry tons} = \text{wet tons} \times \% \text{solids} \quad \text{Dry tons} = \frac{(\text{gal} \times \% \text{solids} \times 8.34)}{100} \times 0.0005$$

G. WASTEWATER SOLIDS DISPOSITION

Please indicate how wastewater solids were managed at your facility. Please specify reporting units. All weight values should be reported in US tons. US ton.= 2,000 lbs

Disposition of wastewater solids	Quantity (choose one)			% solids
1. <input type="checkbox"/> Treated and land applied, sold, or given-away as biosolids or biosolids-derived products	Gallons	Wet tons	Dry Tons	0.00%
2. <input type="checkbox"/> Sent to landfill. Name:	Gallons	Wet tons	Dry Tons	0.00%
3. <input checked="" type="checkbox"/> Sent to another permitted facility for treatment. Name: Patriot Environmental	Gallons	Wet tons	Dry Tons 27.84	8.52%
4. <input checked="" type="checkbox"/> Long-term storage at treatment facility (e.g., lagoon, drying bed, etc.)*	Gallons	Wet tons	Dry Tons	0.00%
5. <input type="checkbox"/> 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

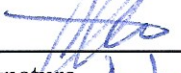
2. In what year were solids last removed from the lagoon: 2021

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 Andy Peters Title Public Works Div Manager Date 1/19/22
Print Name: