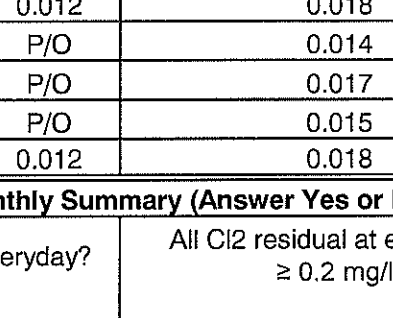


OHA - Drinking Water Program - Surface Water Quality Data Form
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Lincoln**
 Month/Year: **Dec-22**
 WTP: TP - **Membrane**

System Name:	Newport, City of			ID#: 41-00566 A			WTP: TP -	Membrane
Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the day ¹ [NTU]	
1	0.012	P/O	P/O	0.013	0.012	0.012	0.015	
2	P/O	P/O	P/O	0.013	0.013	P/O	0.016	
3	P/O	P/O	0.013	0.012	0.012	P/O	0.014	
4	P/O	P/O	0.012	0.013	0.012	P/O	0.016	
5	P/O	P/O	P/O	0.012	0.012	0.012	0.016	
6	P/O	P/O	0.012	0.012	0.012	0.013	0.014	
7	P/O	P/O	P/O	0.012	0.012	0.012	0.014	
8	P/O	P/O	P/O	0.013	0.012	0.012	0.017	
9	P/O	P/O	P/O	0.012	0.012	0.013	0.013	
10	P/O	P/O	P/O	0.014	0.012	0.012	0.015	
11	P/O	P/O	P/O	0.013	0.012	P/O	0.016	
12	P/O	P/O	0.012	P/O	P/O	0.012	0.013	
13	0.012	P/O	P/O	0.013	0.013	0.012	0.014	
14	P/O	P/O	P/O	0.012	0.012	0.012	0.014	
15	P/O	P/O	P/O	0.013	0.012	0.012	0.014	
16	P/O	P/O	P/O	0.013	0.012	0.012	0.013	
17	P/O	P/O	P/O	0.012	0.012	0.012	0.017	
18	P/O	P/O	P/O	0.012	0.012	0.012	0.013	
19	P/O	P/O	0.012	0.012	P/O	P/O	0.014	
20	0.013	0.012	P/O	P/O	0.012	0.012	0.014	
21	P/O	P/O	P/O	0.013	0.012	0.012	0.014	
22	P/O	P/O	P/O	0.013	0.012	0.012	0.018	
23	P/O	P/O	P/O	0.012	P/O	P/O	0.013	
24	0.012	0.012	P/O	P/O	0.012	0.012	0.014	
25	P/O	P/O	P/O	0.013	0.012	P/O	0.020	
26	P/O	P/O	P/O	0.013	0.012	P/O	0.014	
27	P/O	0.013	0.014	P/O	0.012	0.012	0.018	
28	P/O	P/O	P/O	0.013	0.012	P/O	0.014	
29	P/O	P/O	0.012	0.012	0.012	P/O	0.017	
30	P/O	P/O	0.012	0.012	0.012	P/O	0.015	
31	P/O	P/O	P/O	0.012	0.012	0.012	0.018	

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? ²	<input checked="" type="radio"/> Yes / No	CT's met everyday?	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / No	<input checked="" type="radio"/> Yes / No	<input checked="" type="radio"/> Yes / No

Notes: P/O = PLANT OFF	PRINTED NAME: Steve Stewart	
	SIGNATURE: 	DATE: 1/3/2023
	PHONE #: (541) 265-7421	CERT #: 2445

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM 8 PM may not correspond to continuous readings' maximum. ² Filtered systems only.

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP: Membrane

System Name: NEWPORT, CITY OF

ID#: 41-00566

Month/Year: Dec-22

Disinfection
Giardia Log
Inactive: 0.5

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
12/1/2022 11:09	0.6	86	51	6	7.7	31	Yes	2566
12/2/2022 11:11	0.6	88	57	6	7.7	32	Yes	2568
12/3/2022 5:52	1.1	84	90	6	7.7	34	Yes	2608
12/4/2022 7:01	1.0	89	91	6	7.7	34	Yes	2587
12/5/2022 8:00	0.6	83	49	6	7.7	32	Yes	2584
12/6/2022 6:53	1.0	90	90	6	7.7	33	Yes	2593
12/7/2022 9:11	0.7	86	58	6	7.7	32	Yes	2593
12/8/2022 10:20	1.0	88	86	6	7.7	33	Yes	2580
12/9/2022 10:33	0.8	92	69	6	7.8	32	Yes	2589
12/10/2022 11:08	0.7	91	64	6	7.8	32	Yes	2621
12/11/2022 9:56	0.7	87	59	6	7.8	31	Yes	2576
12/12/2022 17:55	0.8	93	72	6	7.7	31	Yes	2468
12/13/2022 11:30	0.7	83	62	6	7.5	29	Yes	2661
12/14/2022 10:35	0.7	89	64	6	7.6	30	Yes	2611
12/15/2022 10:53	0.8	89	68	6	7.6	31	Yes	2603
12/16/2022 10:16	0.8	90	70	5	7.6	32	Yes	2612
12/17/2022 10:13	0.9	87	81	5	7.6	34	Yes	2596
12/18/2022 10:53	0.9	86	77	5	7.6	33	Yes	2600
12/19/2022 23:14	0.8	88	66	5	7.6	32	Yes	2624
12/20/2022 12:08	0.9	92	80	5	7.6	31	Yes	2604
12/21/2022 9:25	0.8	89	75	6	7.6	31	Yes	2618
12/22/2022 10:28	0.8	90	70	5	7.7	34	Yes	2601
12/23/2022 8:46	0.8	92	78	5	7.8	36	Yes	2478
12/24/2022 12:08	0.9	90	77	5	7.8	36	Yes	2603
12/25/2022 9:58	1.1	86	93	5	7.8	36	Yes	2613
12/26/2022 8:35	1.0	90	93	6	7.8	33	Yes	2600
12/27/2022 21:11	1.1	75	86	7	7.8	32	Yes	3266
12/28/2022 8:33	0.9	90	79	7	7.7	30	Yes	2598
12/29/2022 6:45	0.9	96	91	7	7.8	30	Yes	2539
12/30/2022 7:08	1.2	89	102	8	7.8	30	Yes	2607
12/31/2022 9:36	1.2	87	107	8	7.8	30	Yes	2615

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised September 2016

Return by 10th of following month by email, fax, or mail to:

dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, P.O. Box 14350, Portland, OR 97293-0350

