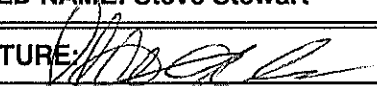


**OHA - Drinking Water Program - Surface Water Quality Data Form**  
**Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems**

**County:** Lincoln  
**Month/Year:** Feb-23

<b>System Name:</b> Newport, City of		<b>ID#: 41-00566 A</b>					<b>WTP: TP -</b>	<b>Membrane</b>
Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the day <sup>1</sup> [NTU]	
1	P/O	P/O	P/O	0.014	0.012	0.012	0.021	
2	P/O	P/O	P/O	0.013	0.014	0.012	0.023	
3	P/O	P/O	P/O	0.013	0.013	0.013	0.019	
4	P/O	P/O	P/O	0.013	0.012	0.012	0.017	
5	P/O	P/O	P/O	0.013	0.012	P/O	0.015	
6	P/O	P/O	P/O	0.013	0.013	P/O	0.021	
7	P/O	P/O	0.014	0.013	P/O	P/O	0.028	
8	0.012	P/O	P/O	0.013	0.013	P/O	0.018	
9	P/O	P/O	P/O	0.013	0.013	0.012	0.017	
10	P/O	P/O	P/O	0.013	0.012	0.012	0.019	
11	P/O	P/O	P/O	0.017	0.012	0.013	0.017	
12	P/O	P/O	P/O	0.014	0.012	0.012	0.017	
13	P/O	P/O	P/O	0.013	0.012	0.012	0.017	
14	P/O	P/O	P/O	0.013	0.012	0.012	0.019	
15	P/O	P/O	P/O	0.015	0.013	0.013	0.015	
16	P/O	P/O	P/O	0.013	0.013	0.013	0.017	
17	P/O	P/O	P/O	0.014	0.013	0.013	0.015	
18	P/O	P/O	P/O	0.013	0.013	0.013	0.015	
19	P/O	P/O	P/O	0.013	0.013	0.013	0.014	
20	P/O	P/O	P/O	0.014	0.013	0.013	0.017	
21	P/O	P/O	P/O	0.013	0.013	P/O	0.026	
22	P/O	P/O	P/O	0.013	0.013	0.013	0.015	
23	P/O	P/O	P/O	0.014	0.013	0.013	0.015	
24	0.013	P/O	P/O	0.013	0.013	0.013	0.023	
25	P/O	P/O	0.014	0.013	0.012	P/O	0.014	
26	P/O	P/O	0.013	0.013	0.012	P/O	0.027	
27	P/O	P/O	P/O	0.013	0.012	0.012	0.014	
28	P/O	P/O	P/O	0.014	0.012	P/O	0.014	

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>	<input checked="" type="radio"/> Yes / No	CT's met everyday?	All Cl <sub>2</sub> 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

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

<sup>1</sup> 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. <sup>2</sup> Filtered systems only.

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP: Membrane

System Name: NEWPORT, CITY OF

ID#: 41-00566

Month/Year: Feb-23

Disinfection  
Giardia Log  
Inactive: 0.5

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
2/1/2023 9:42	1.0	87	90	5	7.9	37	Yes	2599
2/2/2023 10:03	1.0	87	88	6	8.0	37	Yes	2614
2/3/2023 10:15	1.0	87	87	6	8.0	36	Yes	2612
2/4/2023 10:00	1.0	87	88	7	8.0	35	Yes	2600
2/5/2023 9:09	1.0	86	83	7	8.0	35	Yes	2613
2/6/2023 7:46	1.0	87	90	7	8.0	34	Yes	2617
2/7/2023 4:04	1.0	91	95	7	8.0	34	Yes	2555
2/8/2023 11:25	1.0	89	85	7	8.0	33	Yes	2558
2/9/2023 8:23	1.0	87	89	7	8.4	39	Yes	2610
2/10/2023 8:13	0.9	90	85	7	8.4	37	Yes	2636
2/11/2023 8:34	1.0	86	90	7	8.3	37	Yes	2645
2/12/2023 8:47	0.9	87	81	7	8.2	36	Yes	2636
2/13/2023 9:02	0.9	87	83	7	8.1	34	Yes	2582
2/14/2023 9:23	1.0	85	87	7	8.1	35	Yes	2632
2/15/2023 9:20	0.9	84	78	7	8.1	35	Yes	2645
2/16/2023 8:41	0.9	87	80	7	8.1	35	Yes	2638
2/17/2023 8:36	0.9	86	78	6	8.1	35	Yes	2635
2/18/2023 8:54	1.0	94	96	7	8.0	35	Yes	2566
2/19/2023 8:06	1.0	87	86	7	8.0	35	Yes	2572
2/20/2023 9:37	1.1	85	91	7	8.1	35	Yes	2632
2/21/2023 8:55	1.0	84	83	7	8.1	35	Yes	2644
2/22/2023 8:53	0.9	88	82	7	8.0	34	Yes	2624
2/23/2023 9:50	0.9	75	69	6	8.0	36	Yes	3085
2/24/2023 9:05	1.0	87	84	6	8.0	37	Yes	2628
2/25/2023 5:54	1.1	86	93	5	8.0	38	Yes	2581
2/26/2023 6:43	1.1	85	91	5	8.1	38	Yes	2633
2/27/2023 8:28	1.0	85	85	5	8.0	38	Yes	2635
2/28/2023 8:30	0.9	87	81	5	8.0	38	Yes	2631

<sup>3</sup> If Cl<sub>2</sub> 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