


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

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

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	0.017	P/O	0.020	0.017	0.017	0.018	0.024	
2	0.018	0.018	0.018	0.017	0.018	0.018	0.022	
3	0.018	P/O	P/O	0.014	0.015	0.015	0.024	
4	0.015	0.015	0.016	0.015	0.015	0.016	0.020	
5	P/O	P/O	0.015	0.014	0.015	0.015	0.022	
6	P/O	P/O	0.015	0.014	0.015	0.015	0.028	
7	0.015	0.015	0.015	P/O	0.015	0.014	0.026	
8	0.015	0.016	P/O	0.015	0.015	0.015	0.022	
9	0.015	0.017	0.015	0.015	0.015	0.015	0.018	
10	0.015	0.016	0.016	0.016	0.015	0.015	0.017	
11	0.015	P/O	0.020	0.015	0.015	0.016	0.020	
12	0.015	P/O	P/O	0.015	0.016	0.016	0.020	
13	0.016	P/O	P/O	0.015	0.016	0.016	0.024	
14	0.016	P/O	0.019	0.015	0.015	0.016	0.035	
15	0.015	P/O	P/O	0.015	0.015	0.015	0.018	
16	0.016	P/O	P/O	0.016	0.015	0.016	0.021	
17	0.017	P/O	P/O	0.015	0.015	0.015	0.038	
18	0.016	P/O	0.017	0.015	0.016	0.016	0.022	
19	0.016	0.017	0.016	0.016	0.016	0.016	0.018	
20	P/O	P/O	0.016	0.016	0.016	0.016	0.036	
21	0.016	P/O	P/O	0.015	0.015	P/O	0.031	
22	0.015	P/O	0.021	0.015	0.015	0.016	0.023	
23	P/O	P/O	0.015	0.015	0.015	0.017	0.046	
24	0.016	P/O	P/O	0.015	0.015	0.015	0.042	
25	0.015	P/O	P/O	0.016	0.015	0.015	0.024	
26	0.016	P/O	0.030	0.015	0.015	0.015	0.030	
27	P/O	P/O	0.015	0.015	0.015	0.016	0.024	
28	P/O	P/O	P/O	0.015	0.015	0.015	0.031	
29	0.015	P/O	0.017	0.015	0.015	0.015	0.022	
30	P/O	P/O	0.016	0.014	0.015	0.015	0.045	
31	P/O	P/O	0.019	0.015	0.016	0.015	0.019	

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 / <input type="radio"/> 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 / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes: P/O = PLANT OFF		PRINTED NAME: Steve Stewart	
		SIGNATURE: 	DATE: 9/1/2023
		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

Disinfection
Giardia Log

System Name: NEWPORT, CITY OF

ID#: 41-00566

Month/Year: Aug-23

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]
8/1/2023 6:57	0.6	85	53	21	7.8	12	Yes	2639
8/2/2023 10:20	1.2	82	100	22	7.9	12	Yes	2793
8/3/2023 8:43	1.2	82	97	21	7.8	12	Yes	2794
8/4/2023 21:55	1.3	86	108	22	7.6	11	Yes	2799
8/5/2023 4:10	1.1	78	83	22	7.6	11	Yes	2813
8/6/2023 5:25	1.0	80	81	22	7.9	12	Yes	2752
8/7/2023 13:39	0.3	84	28	22	7.9	11	Yes	2786
8/8/2023 12:42	1.1	77	85	22	7.8	12	Yes	2804
8/9/2023 10:05	1.1	88	101	22	7.9	12	Yes	2792
8/10/2023 8:52	1.2	80	97	22	8.1	13	Yes	2801
8/11/2023 7:45	0.4	80	29	21	7.8	11	Yes	2904
8/12/2023 9:55	1.2	83	96	21	7.8	12	Yes	2804
8/13/2023 9:10	0.5	83	39	21	7.9	12	Yes	2800
8/14/2023 7:26	0.5	80	42	22	7.9	11	Yes	2796
8/15/2023 8:36	0.4	86	37	22	7.8	11	Yes	2798
8/16/2023 8:05	0.5	82	42	22	7.7	11	Yes	2798
8/17/2023 9:27	0.4	80	34	22	7.8	11	Yes	2794
8/18/2023 7:13	1.0	87	89	22	8.1	13	Yes	2800
8/19/2023 5:13	1.2	81	95	22	8.1	14	Yes	2816
8/20/2023 3:53	0.8	83	68	21	8.0	13	Yes	2738
8/21/2023 8:38	0.4	82	36	21	8.0	13	Yes	2804
8/22/2023 8:48	1.0	79	75	21	8.3	15	Yes	2813
8/23/2023 6:20	1.0	79	75	20	8.1	14	Yes	2907
8/24/2023 7:55	0.9	81	75	20	8.2	14	Yes	2856
8/25/2023 8:41	0.6	82	45	20	8.2	15	Yes	2805
8/26/2023 7:43	1.0	81	81	20	8.1	13	Yes	2907
8/27/2023 7:43	0.4	80	32	20	8.1	15	Yes	2879
8/27/2023 6:33	1.0	83	82	20	8.1	15	Yes	2879
8/28/2023 6:33	1.0	83	82	20	8.1	14	Yes	2794
8/28/2023 9:55	1.0	80	79	20	8.1	14	Yes	2794
8/28/2023 9:55	1.0	80	79	20	8.0	14	Yes	2810
8/29/2023 7:28	0.8	82	64	20	8.0	14	Yes	2909
8/30/2023 9:52	0.7	82	60	20	8.0	14	Yes	2909
8/30/2023 9:52	0.7	82	60	20	8.0	14	Yes	2801
8/31/2023 9:15	1.0	83	79	20	7.7	13	Yes	2801

Revised September 2016

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

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