


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

County: **Lincoln**
 Month/Year: **Sep-23**
 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	P/O	P/O	0.016	0.014	0.015	0.015	0.020	
2	0.015	P/O	P/O	0.016	0.014	0.015	0.022	
3	0.014	P/O	0.014	0.015	0.015	0.014	0.019	
4	P/O	P/O	0.014	0.014	0.014	0.015	0.033	
5	P/O	P/O	0.019	0.016	0.015	0.016	0.025	
6	P/O	P/O	0.015	0.015	0.014	0.015	0.045	
7	0.016	P/O	P/O	0.014	0.014	0.015	0.025	
8	0.015	P/O	0.018	0.014	0.014	0.014	0.023	
9	0.015	P/O	P/O	0.014	0.014	0.015	0.020	
10	0.015	P/O	P/O	0.014	0.014	0.014	0.031	
11	0.015	P/O	0.015	0.014	0.015	0.015	0.022	
12	P/O	P/O	0.015	0.016	0.015	0.015	0.019	
13	P/O	P/O	0.015	0.014	0.015	0.015	0.020	
14	P/O	P/O	0.015	0.015	0.015	0.015	0.018	
15	0.015	P/O	0.015	0.014	0.015	0.015	0.023	
16	P/O	P/O	P/O	0.015	0.015	0.015	0.023	
17	0.015	P/O	P/O	0.015	0.015	0.015	0.019	
18	P/O	P/O	0.015	0.015	0.015	0.015	0.019	
19	0.015	P/O	0.016	0.016	0.015	0.015	0.020	
20	0.015	P/O	P/O	0.015	0.015	0.015	0.023	
21	0.015	P/O	0.016	0.015	0.015	0.015	0.024	
22	P/O	P/O	0.015	0.015	0.015	0.015	0.023	
23	P/O	P/O	P/O	0.015	0.015	0.015	0.020	
24	P/O	P/O	0.015	0.015	0.015	0.015	0.023	
25	P/O	P/O	P/O	0.016	0.015	0.015	0.021	
26	P/O	P/O	0.016	0.014	0.015	0.015	0.020	
27	0.015	P/O	0.015	0.015	0.015	0.015	0.020	
28	0.015	P/O	P/O	0.015	0.015	0.015	0.025	
29	P/O	P/O	0.015	0.015	0.015	0.015	0.020	
30	P/O	P/O	P/O	0.015	0.015	P/O	0.024	

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: 10/2/2023
		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: Sep-23

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]	CXT	[° C]		formula	Yes / No	[GPM]
9/1/2023 6:26	1.0	85	88	20	7.6	12	Yes	2844
9/2/2023 9:51	1.0	80	80	20	7.5	12	Yes	2851
9/3/2023 8:44	1.1	83	89	20	7.5	12	Yes	2796
9/4/2023 8:44	1.0	80	80	20	7.4	11	Yes	2841
9/5/2023 7:09	0.4	80	29	20	8.1	14	Yes	2804
9/6/2023 6:19	1.0	82	84	19	7.9	14	Yes	2794
9/7/2023 8:32	0.4	84	30	19	7.9	13	Yes	2799
9/8/2023 7:22	1.1	85	91	19	8.0	15	Yes	2810
9/9/2023 8:59	0.9	82	72	19	8.1	15	Yes	2812
9/10/2023 8:32	1.0	83	79	19	8.1	15	Yes	2801
9/11/2023 6:53	0.8	85	68	19	8.1	15	Yes	2790
9/12/2023 5:04	1.1	84	91	19	8.0	15	Yes	2796
9/13/2023 6:49	0.9	83	73	19	8.0	15	Yes	2775
9/14/2023 7:02	1.1	83	91	19	8.0	15	Yes	2790
9/15/2023 7:14	0.6	84	50	19	8.0	15	Yes	2789
9/16/2023 8:17	1.0	81	79	19	8.1	16	Yes	2790
9/17/2023 8:05	0.5	83	41	18	8.1	15	Yes	2795
9/18/2023 5:31	1.0	84	87	19	8.1	16	Yes	2795
9/19/2023 7:22	0.9	81	75	18	8.1	16	Yes	2789
9/20/2023 8:17	0.5	82	42	18	8.1	16	Yes	2796
9/21/2023 7:12	0.7	80	57	18	8.1	16	Yes	2800
9/22/2023 5:24	1.0	84	88	18	8.1	17	Yes	2790
9/23/2023 7:51	0.9	82	71	18	8.1	17	Yes	2800
9/24/2023 7:09	0.6	84	47	17	8.0	16	Yes	2801
9/25/2023 7:57	0.9	80	76	17	8.0	17	Yes	2789
9/26/2023 6:52	0.8	84	64	17	7.9	17	Yes	2775
9/27/2023 6:24	1.1	83	93	16	8.0	18	Yes	2776
9/28/2023 8:50	0.5	81	40	16	8.0	17	Yes	2767
9/29/2023 7:13	0.5	81	39	16	7.9	17	Yes	2802
9/30/2023 8:26	0.8	82	66	16	7.9	17	Yes	2818

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

