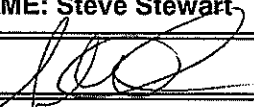


**OHA - Drinking Water Program - Surface Water Quality Data Form**  
**Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems**

County: **Lincoln**  
 Month/Year: **Oct-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 <sup>1</sup> [NTU]	
1	P/O	P/O	P/O	0.016	0.015	P/O	0.019	
2	P/O	P/O	0.016	0.015	0.015	0.015	0.020	
3	P/O	P/O	P/O	0.016	0.015	0.015	0.021	
4	0.015	P/O	P/O	0.016	0.015	0.015	0.032	
5	0.015	P/O	P/O	0.015	0.016	0.015	0.020	
6	0.015	P/O	P/O	0.015	0.015	0.015	0.022	
7	0.015	P/O	0.015	0.015	0.015	P/O	0.018	
8	P/O	0.015	0.016	P/O	0.015	0.015	0.024	
9	P/O	P/O	0.015	0.014	0.015	0.015	0.017	
10	0.015	P/O	P/O	0.015	0.015	0.015	0.017	
11	0.015	P/O	P/O	0.015	0.015	0.015	0.016	
12	0.015	P/O	P/O	0.015	0.015	0.015	0.017	
13	P/O	P/O	P/O	0.015	0.015	0.015	0.019	
14	P/O	P/O	P/O	0.015	0.015	0.015	0.021	
15	P/O	P/O	P/O	0.014	0.014	0.015	0.020	
16	P/O	P/O	0.015	0.015	0.014	0.015	0.020	
17	P/O	P/O	0.015	0.015	0.014	0.015	0.017	
18	0.015	P/O	0.017	0.015	0.015	0.015	0.017	
19	0.014	P/O	0.014	0.014	0.015	0.014	0.017	
20	P/O	P/O	0.014	0.014	0.014	0.014	0.018	
21	P/O	P/O	P/O	0.014	0.014	0.014	0.020	
22	P/O	P/O	P/O	0.015	0.014	0.014	0.019	
23	P/O	P/O	P/O	0.015	0.014	0.014	0.018	
24	P/O	P/O	0.014	0.014	0.014	0.014	0.017	
25	P/O	P/O	0.015	0.014	0.014	0.014	0.018	
26	0.014	P/O	0.014	0.014	0.014	0.014	0.017	
27	P/O	P/O	0.014	0.014	0.014	0.014	0.017	
28	P/O	P/O	P/O	0.015	0.014	0.015	0.016	
29	P/O	P/O	P/O	0.014	0.014	0.015	0.016	
30	P/O	P/O	0.018	0.014	0.014	0.014	0.018	
31	P/O	P/O	0.016	0.014	0.014	0.014	0.016	

<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: 11/1/2023</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: Oct-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]
10/1/2023 7:59	0.9	80	73	16	7.9	18	Yes	2813
10/2/2023 7:24	0.9	79	72	16	8.0	18	Yes	2770
10/3/2023 8:44	0.8	81	69	16	8.0	18	Yes	2774
10/4/2023 8:40	0.5	80	42	16	8.0	18	Yes	2786
10/5/2023 9:28	1.0	82	84	16	8.0	19	Yes	2774
10/6/2023 8:10	1.1	80	90	16	8.0	19	Yes	2806
10/7/2023 6:43	1.1	79	87	16	7.9	19	Yes	2779
10/8/2023 14:14	0.5	86	44	16	7.8	17	Yes	2782
10/9/2023 6:48	0.9	82	74	16	7.9	17	Yes	2830
10/10/2023 8:46	0.6	83	51	16	7.9	17	Yes	2833
10/11/2023 8:20	1.0	83	85	16	7.8	18	Yes	2828
10/12/2023 8:04	1.0	80	84	16	7.8	17	Yes	2843
10/13/2023 8:43	0.9	83	73	16	7.7	17	Yes	2836
10/14/2023 10:44	0.5	81	41	15	7.7	16	Yes	2829
10/15/2023 8:05	0.5	90	49	15	7.7	16	Yes	2556
10/16/2023 7:12	0.9	88	83	15	7.7	17	Yes	2575
10/17/2023 7:09	1.1	87	94	15	7.7	18	Yes	2568
10/18/2023 7:26	1.1	88	93	15	7.7	18	Yes	2562
10/19/2023 6:26	1.1	93	101	15	7.7	18	Yes	2572
10/20/2023 6:44	0.8	93	71	15	7.7	17	Yes	2577
10/21/2023 10:14	0.9	89	76	15	7.6	17	Yes	2546
10/22/2023 9:07	0.5	94	43	15	7.6	16	Yes	2573
10/23/2023 8:10	0.9	90	78	15	7.7	18	Yes	2571
10/24/2023 6:25	1.0	90	89	15	7.7	18	Yes	2617
10/25/2023 7:09	0.7	91	60	14	7.8	19	Yes	2621
10/26/2023 7:03	1.1	88	95	13	7.9	21	Yes	2615
10/27/2023 6:32	1.1	90	101	13	7.9	22	Yes	2629
10/28/2023 9:04	0.8	86	71	12	7.9	23	Yes	2656
10/29/2023 9:12	0.7	86	58	11	7.9	24	Yes	2619
10/30/2023 7:44	1.0	88	87	11	8.0	26	Yes	2604
10/31/2023 7:35	0.8	91	70	10	8.1	27	Yes	2561

<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