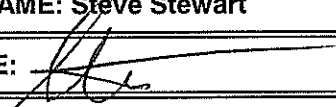


**OHA - Drinking Water Program - Surface Water Quality Data Form**  
**Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems**

County: **Lincoln**  
 Month/Year: **Jan-24**  
 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	0.013	0.013	P/O	0.013	P/O	0.015	
2	P/O	P/O	0.014	0.013	0.013	P/O	0.018	
3	P/O	0.013	0.019	P/O	0.013	0.013	0.023	
4	P/O	P/O	P/O	0.014	0.013	P/O	0.014	
5	P/O	P/O	0.015	0.013	0.013	0.013	0.015	
6	P/O	P/O	P/O	0.014	0.013	0.013	0.016	
7	P/O	P/O	P/O	0.015	0.013	P/O	0.015	
8	P/O	P/O	P/O	0.013	0.013	P/O	0.018	
9	P/O	P/O	P/O	0.013	0.013	0.013	0.015	
10	P/O	P/O	P/O	0.019	0.013	P/O	0.019	
11	P/O	P/O	0.013	0.013	0.013	0.013	0.018	
12	P/O	P/O	P/O	0.013	0.013	0.013	0.020	
13	P/O	P/O	P/O	0.014	P/O	P/O	0.034	
14	P/O	P/O	0.014	0.016	0.013	P/O	0.016	
15	P/O	P/O	0.014	0.014	0.014	0.014	0.040	
16	P/O	P/O	0.014	P/O	0.016	0.015	0.024	
17	0.014	P/O	P/O	0.014	0.014	0.013	0.021	
18	P/O	P/O	P/O	0.017	0.013	0.013	0.017	
19	P/O	P/O	0.013	0.013	0.013	P/O	0.032	
20	P/O	P/O	0.014	0.013	0.013	P/O	0.016	
21	P/O	P/O	0.014	0.013	0.013	P/O	0.020	
22	P/O	P/O	0.026	0.016	0.013	P/O	0.026	
23	P/O	P/O	0.013	0.013	0.013	P/O	0.022	
24	P/O	P/O	0.014	0.013	0.013	P/O	0.015	
25	P/O	0.014	0.015	P/O	0.013	P/O	0.018	
26	P/O	P/O	P/O	0.014	0.014	P/O	0.033	
27	P/O	P/O	P/O	0.013	0.014	P/O	0.025	
28	P/O	P/O	P/O	0.014	0.014	P/O	0.022	
29	P/O	P/O	0.015	0.014	0.014	P/O	0.020	
30	P/O	0.013	0.018	P/O	0.014	P/O	0.021	
31	P/O	P/O	0.017	0.013	0.014	P/O	0.020	

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings $\leq$ 1 NTU? <sup>2</sup> <input checked="" type="radio"/> Yes/ No	CT's met everyday?	All Cl <sub>2</sub> residual at entry point $\geq$ 0.2 mg/l?
All daily turbidity readings $\leq$ 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: 2/1/2024
	PHONE #: (541) 265-7421	CERT #: 2445

<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: Jan-24

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]	<b>C X T</b>	[° C]		formula	Yes / No	[GPM]
1/1/2024 0:38	1.1	90	103	9	8.0	30	Yes	2635
1/2/2024 6:33	1.1	85	95	8	7.9	30	Yes	2620
1/3/2024 13:36	1.0	89	85	8	8.0	30	Yes	2554
1/4/2024 8:17	1.1	85	90	8	8.0	31	Yes	2615
1/5/2024 7:41	0.9	86	79	8	8.0	30	Yes	2611
1/6/2024 9:25	1.1	89	95	8	8.0	31	Yes	2546
1/7/2024 9:38	1.0	86	88	8	8.0	31	Yes	2621
1/8/2024 8:30	1.0	86	88	8	8.0	31	Yes	2639
1/9/2024 9:06	0.9	90	84	8	8.1	31	Yes	2608
1/10/2024 9:05	1.0	88	85	8	8.0	32	Yes	2606
1/11/2024 6:56	1.0	87	88	8	7.8	29	Yes	2620
1/12/2024 9:21	1.0	86	89	8	7.8	29	Yes	2623
1/13/2024 10:17	1.1	89	96	7	7.8	31	Yes	2533
1/14/2024 5:53	1.1	86	90	6	7.8	33	Yes	2622
1/15/2024 4:25	1.0	84	86	5	7.9	37	Yes	2630
1/16/2024 7:07	1.1	73	78	5	8.0	40	Yes	3097
1/17/2024 8:58	1.0	93	91	5	8.1	40	Yes	2499
1/18/2024 7:50	1.2	89	105	6	8.0	36	Yes	2577
1/19/2024 7:15	1.2	89	104	7	7.9	34	Yes	2571
1/20/2024 7:30	1.1	87	99	7	7.9	35	Yes	2555
1/21/2024 6:15	1.1	87	99	7	7.9	33	Yes	2615
1/22/2024 6:33	1.1	88	98	7	7.9	32	Yes	2622
1/23/2024 6:55	1.0	88	85	8	7.8	29	Yes	2595
1/24/2024 7:50	1.1	87	99	8	7.8	30	Yes	2544
1/25/2024 1:58	1.1	90	103	9	7.7	27	Yes	2554
1/26/2024 8:05	1.1	86	99	9	7.7	28	Yes	2615
1/27/2024 8:43	1.1	89	101	9	7.7	26	Yes	2546
1/28/2024 9:15	1.1	86	95	10	7.7	25	Yes	2628
1/29/2024 7:55	1.1	84	93	10	7.7	25	Yes	2617
1/30/2024 2:05	1.1	90	101	10	7.6	24	Yes	2614
1/31/2024 7:40	1.0	87	87	10	7.6	23	Yes	2603

<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