


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

County: **Lincoln**
 Month/Year: **Mar-24**

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	0.021	0.016	P/O	P/O	0.024	
2	0.016	P/O	P/O	0.015	0.015	P/O	0.020	
3	P/O	P/O	0.017	0.015	0.014	P/O	0.018	
4	0.014	P/O	0.016	0.014	0.014	P/O	0.018	
5	P/O	P/O	0.019	0.014	0.014	0.015	0.022	
6	P/O	P/O	P/O	0.015	0.017	0.015	0.022	
7	P/O	P/O	0.016	P/O	0.015	P/O	0.020	
8	P/O	P/O	0.016	0.015	0.016	P/O	0.021	
9	P/O	P/O	0.018	0.015	0.016	P/O	0.029	
10	P/O	P/O	P/O	0.015	0.015	P/O	0.019	
11	P/O	P/O	P/O	0.015	0.019	P/O	0.022	
12	P/O	P/O	P/O	0.015	0.022	P/O	0.034	
13	P/O	P/O	P/O	0.015	0.016	0.016	0.028	
14	P/O	P/O	0.015	P/O	0.015	0.014	0.018	
15	P/O	P/O	P/O	0.015	0.015	0.022	0.022	
16	P/O	P/O	P/O	0.015	0.015	0.015	0.036	
17	P/O	P/O	P/O	0.015	0.015	0.015	0.036	
18	P/O	P/O	P/O	0.017	0.015	0.015	0.024	
19	P/O	P/O	P/O	0.015	0.017	P/O	0.025	
20	P/O	P/O	P/O	0.015	0.016	P/O	0.021	
21	P/O	P/O	P/O	0.015	0.020	0.017	0.021	
22	P/O	P/O	P/O	0.019	0.014	0.015	0.028	
23	P/O	P/O	P/O	0.022	0.015	0.014	0.031	
24	P/O	P/O	P/O	0.017	0.015	P/O	0.033	
25	P/O	P/O	0.017	0.015	0.015	P/O	0.027	
26	P/O	P/O	P/O	0.016	0.015	P/O	0.024	
27	P/O	P/O	P/O	0.015	0.015	P/O	0.022	
28	P/O	P/O	0.015	0.017	0.017	P/O	0.028	
29	P/O	P/O	0.018	0.015	0.015	P/O	0.022	
30	P/O	P/O	0.017	0.015	0.015	P/O	0.054	
31	P/O	P/O	0.017	0.030	0.015	P/O	0.125	

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings \leq 1 NTU? ² <input checked="" type="radio"/> Yes / No	CT's met everyday?	All Cl ₂ 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: 4/2/2024
	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: Mar-24

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]	C X T	[° C]		formula	Yes / No	[GPM]
3/1/2024 20:22	1.0	87	84	8	7.9	29	Yes	2589
3/2/2024 10:02	0.9	88	77	8	7.8	29	Yes	2611
3/3/2024 7:39	1.0	87	86	8	7.8	30	Yes	2623
3/4/2024 6:00	1.0	86	89	8	7.8	31	Yes	2680
3/5/2024 5:57	1.0	88	91	7	7.8	32	Yes	2580
3/6/2024 10:43	1.0	90	94	8	7.9	31	Yes	2610
3/7/2024 8:04	1.1	92	97	7	7.8	31	Yes	2529
3/8/2024 7:05	1.0	90	92	7	7.9	31	Yes	2573
3/9/2024 7:50	1.0	91	91	8	7.9	30	Yes	2590
3/10/2024 8:00	0.9	92	83	8	7.8	29	Yes	2574
3/11/2024 7:44	0.9	92	83	8	7.9	29	Yes	2565
3/12/2024 7:52	1.0	88	86	9	7.8	28	Yes	2557
3/13/2024 9:02	1.0	91	90	9	7.9	29	Yes	2482
3/14/2024 13:42	1.0	91	92	9	7.9	29	Yes	2561
3/15/2024 10:20	0.9	92	81	9	7.9	28	Yes	2520
3/16/2024 9:32	1.0	90	88	9	7.9	28	Yes	2564
3/17/2024 9:00	0.9	93	79	9	7.8	27	Yes	2562
3/18/2024 10:00	0.8	90	76	10	7.8	26	Yes	2560
3/19/2024 8:08	0.9	93	85	10	7.8	25	Yes	2552
3/20/2024 8:07	1.1	91	96	10	7.8	26	Yes	2501
3/21/2024 8:16	1.0	89	91	10	7.8	25	Yes	2586
3/22/2024 10:04	0.9	91	82	11	7.8	24	Yes	2526
3/23/2024 9:38	1.0	89	89	11	7.8	24	Yes	2588
3/24/2024 9:13	0.9	90	79	11	7.7	23	Yes	2580
3/25/2024 7:33	0.9	90	84	11	7.7	23	Yes	2585
3/26/2024 7:45	0.9	90	79	11	7.7	24	Yes	2590
3/27/2024 7:54	0.9	91	86	11	7.7	23	Yes	2510
3/28/2024 8:26	1.0	89	91	11	7.8	24	Yes	2592
3/29/2024 5:18	1.0	89	94	10	7.7	24	Yes	2552
3/30/2024 4:32	1.0	86	86	10	7.7	25	Yes	2586
3/31/2024 4:58	1.0	91	90	10	7.7	24	Yes	2560

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