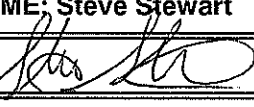


OHA - Drinking Water Program - Surface Water Quality Data Form
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Lincoln**
 Month/Year: **May-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 ¹ [NTU]
1	P/O	P/O	0.023	0.019	0.017	P/O	0.028
2	P/O	P/O	0.019	0.030	0.014	0.014	0.035
3	P/O	P/O	P/O	0.035	0.014	0.014	0.035
4	P/O	P/O	P/O	0.015	0.015	0.023	0.036
5	P/O	P/O	P/O	0.026	0.014	0.014	0.067
6	P/O	P/O	P/O	0.015	0.014	0.014	0.028
7	P/O	P/O	P/O	0.024	0.014	0.014	0.024
8	P/O	P/O	P/O	0.014	0.014	0.014	0.018
9	P/O	P/O	0.018	0.014	0.014	P/O	0.019
10	P/O	P/O	0.016	0.014	0.014	P/O	0.021
11	P/O	P/O	0.021	0.017	0.014	P/O	0.042
12	P/O	0.014	0.014	P/O	0.016	0.014	0.031
13	P/O	P/O	0.017	0.014	0.014	P/O	0.025
14	P/O	P/O	0.045	0.014	0.014	P/O	0.119
15	P/O	0.014	0.018	0.016	P/O	P/O	0.044
16	P/O	0.014	0.014	0.024	0.014	P/O	0.027
17	P/O	P/O	0.018	0.015	0.014	P/O	0.036
18	P/O	P/O	0.017	0.015	0.014	0.014	0.025
19	P/O	P/O	0.019	0.016	0.015	0.014	0.024
20	P/O	P/O	P/O	0.016	0.014	0.015	0.021
21	P/O	P/O	0.014	P/O	0.016	0.015	0.018
22	P/O	P/O	P/O	0.015	0.014	0.015	0.021
23	P/O	P/O	P/O	0.020	0.015	0.017	0.034
24	P/O	P/O	0.015	0.015	0.015	P/O	0.027
25	P/O	P/O	0.016	0.015	P/O	P/O	0.028
26	0.015	0.015	P/O	0.016	0.015	0.016	0.021
27	P/O	P/O	P/O	0.015	0.015	0.015	0.017
28	P/O	P/O	P/O	0.015	0.015	0.015	0.021
29	P/O	P/O	0.016	0.015	0.015	P/O	0.028
30	P/O	P/O	0.015	0.015	0.015	P/O	0.019
31	P/O	0.015	0.015	0.014	P/O	0.015	0.040

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 / No	CT's met everyday? <input checked="" type="radio"/> Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No
All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / No		
Notes: P/O = PLANT OFF	PRINTED NAME: Steve Stewart	
	SIGNATURE: 	DATE: 6/3/2024
	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: May-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]
5/1/2024 7:00	1.1	92	101	13	7.9	22	Yes	2549
5/2/2024 7:01	0.8	87	69	13	8.0	22	Yes	2608
5/3/2024 9:44	1.0	86	86	13	8.0	23	Yes	2606
5/4/2024 9:53	1.2	88	102	13	7.9	22	Yes	2611
5/5/2024 9:53	1.2	86	102	12	7.8	23	Yes	2616
5/6/2024 8:40	1.1	91	97	12	7.8	23	Yes	2505
5/7/2024 9:16	0.8	90	75	12	7.8	22	Yes	2508
5/8/2024 8:43	0.8	91	76	12	7.8	23	Yes	2603
5/9/2024 6:40	1.2	88	104	12	7.8	24	Yes	2559
5/10/2024 5:45	1.1	88	101	13	7.9	23	Yes	2611
5/11/2024 6:19	1.1	85	95	13	7.9	22	Yes	2610
5/12/2024 2:23	1.1	89	96	13	7.9	22	Yes	2594
5/13/2024 7:07	1.0	87	90	13	7.9	21	Yes	2608
5/14/2024 6:10	1.0	84	88	14	7.9	21	Yes	2622
5/15/2024 4:13	1.0	88	92	14	7.9	20	Yes	2563
5/16/2024 1:15	1.0	87	90	15	7.8	19	Yes	2588
5/17/2024 5:33	1.0	85	84	15	7.8	18	Yes	2610
5/18/2024 6:58	0.8	89	74	15	7.7	18	Yes	2610
5/19/2024 8:58	1.0	86	86	15	7.7	18	Yes	2607
5/20/2024 8:02	1.0	86	87	15	7.7	18	Yes	2603
5/21/2024 12:20	1.0	91	91	15	7.9	19	Yes	2601
5/22/2024 7:50	0.8	89	74	15	9.1	28	Yes	2563
5/23/2024 8:40	1.1	84	89	15	9.0	28	Yes	2613
5/24/2024 7:25	0.9	88	81	15	8.7	25	Yes	2609
5/25/2024 6:20	1.1	91	104	15	8.3	22	Yes	2500
5/26/2024 11:24	0.9	88	79	16	8.0	18	Yes	2599
5/27/2024 10:10	1.1	88	94	15	8.0	19	Yes	2602
5/28/2024 8:27	0.9	87	76	16	7.9	18	Yes	2610
5/29/2024 8:50	1.1	85	89	16	7.9	18	Yes	2601
5/30/2024 5:05	1.1	86	91	16	7.9	18	Yes	2589
5/31/2024 2:55	1.0	89	90	16	7.9	17	Yes	2607

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