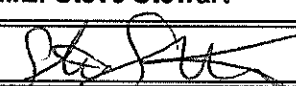


OHA - Drinking Water Program - Surface Water Quality Data Form
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Lincoln**
 Month/Year: **Jun-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	0.014	P/O	P/O	P/O	0.014	0.014	0.018
2	0.015	P/O	P/O	0.018	0.015	P/O	0.019
3	P/O	P/O	0.017	0.015	0.014	0.015	0.021
4	P/O	P/O	0.015	0.015	0.015	0.015	0.017
5	P/O	P/O	0.015	0.015	0.015	P/O	0.017
6	P/O	P/O	0.015	0.015	0.015	P/O	0.024
7	P/O	0.015	0.015	P/O	0.021	0.014	0.021
8	0.015	P/O	P/O	0.015	0.015	0.014	0.026
9	P/O	P/O	P/O	0.015	0.015	0.015	0.017
10	P/O	P/O	P/O	0.028	0.015	0.015	0.028
11	P/O	P/O	P/O	0.016	0.015	0.015	0.020
12	P/O	P/O	P/O	0.015	0.015	0.015	0.018
13	P/O	P/O	0.016	0.015	0.014	0.014	0.019
14	P/O	P/O	0.015	0.014	0.014	0.014	0.017
15	P/O	P/O	P/O	0.014	0.014	0.014	0.016
16	P/O	P/O	P/O	0.015	0.014	0.015	0.018
17	P/O	P/O	0.015	0.015	0.015	0.015	0.020
18	P/O	P/O	0.016	0.015	0.015	0.015	0.017
19	P/O	P/O	P/O	0.014	0.015	0.015	0.027
20	P/O	P/O	P/O	0.014	0.015	0.014	0.020
21	P/O	P/O	P/O	0.014	0.014	0.014	0.023
22	P/O	P/O	0.015	0.014	0.014	0.015	0.017
23	P/O	0.014	0.015	0.014	0.015	0.015	0.021
24	P/O	P/O	0.015	0.015	0.015	0.015	0.019
25	P/O	P/O	0.015	0.015	0.015	0.015	0.023
26	P/O	P/O	0.014	0.015	P/O	0.014	0.018
27	0.016	P/O	P/O	0.016	0.015	0.015	0.018
28	P/O	P/O	0.016	0.014	0.014	0.014	0.019
29	0.015	P/O	0.014	0.015	0.015	0.015	0.018
30	P/O	P/O	P/O	0.017	0.015	0.015	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 / 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 / No	<input checked="" type="radio"/> Yes / No	<input checked="" type="radio"/> Yes / No
Notes: P/O = PLANT OFF		PRINTED NAME: Steve Stewart	
		SIGNATURE: 	DATE: 7/2/2024
		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: Jun-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]
6/1/2024 13:20	1.0	86	89	17	7.7	15	Yes	2605
6/2/2024 10:25	1.0	89	91	17	7.8	16	Yes	2597
6/3/2024 5:45	1.0	86	83	16	7.9	18	Yes	2611
6/4/2024 7:03	1.0	90	88	16	7.9	18	Yes	2595
6/5/2024 5:28	1.0	87	84	16	8.1	19	Yes	2599
6/6/2024 4:34	0.8	85	70	16	8.0	19	Yes	2607
6/7/2024 15:44	0.9	89	82	16	8.0	18	Yes	2591
6/8/2024 10:49	0.9	86	77	16	7.9	17	Yes	2608
6/9/2024 8:24	0.9	88	75	16	8.2	19	Yes	2598
6/10/2024 9:42	1.0	87	87	17	8.4	20	Yes	2597
6/11/2024 9:02	1.0	85	84	17	8.4	20	Yes	2617
6/12/2024 8:07	1.0	87	86	17	8.0	18	Yes	2587
6/13/2024 7:22	1.0	86	84	17	7.9	17	Yes	2601
6/14/2024 4:50	1.0	88	89	17	9.1	25	Yes	2612
6/15/2024 8:34	0.8	89	69	18	8.4	19	Yes	2597
6/16/2024 9:07	1.0	88	89	17	8.0	17	Yes	2597
6/17/2024 7:49	1.0	89	87	17	8.6	21	Yes	2603
6/18/2024 7:35	1.1	87	96	17	8.6	22	Yes	2619
6/19/2024 8:10	1.1	86	92	17	7.9	17	Yes	2616
6/20/2024 8:22	0.8	88	68	17	7.9	16	Yes	2609
6/21/2024 7:51	0.9	87	78	18	7.8	15	Yes	2593
6/22/2024 6:59	0.9	89	76	18	7.9	15	Yes	2597
6/23/2024 1:41	1.1	87	97	18	9.0	23	Yes	2605
6/24/2024 6:40	1.0	81	83	18	7.9	15	Yes	2612
6/25/2024 7:07	0.7	86	62	18	7.9	15	Yes	2605
6/26/2024 8:28	1.0	89	88	19	7.8	14	Yes	2613
6/27/2024 10:49	0.7	87	63	20	7.9	14	Yes	2600
6/28/2024 7:52	1.0	56	55	19	7.9	14	Yes	4324
6/29/2024 8:25	1.0	86	86	19	7.8	14	Yes	2600
6/30/2024 8:45	1.0	87	85	20	7.9	14	Yes	2593

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