


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

County: **Lincoln**
 Month/Year: **Aug-24**
 WTP: TP - **Membrane**

System Name:	Newport, City of			ID#: 41-00566 A			
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	0.016	P/O	P/O	0.015	0.015	0.016	0.026
2	0.016	P/O	P/O	0.016	0.016	0.016	0.026
3	0.016	P/O	0.029	0.015	0.015	0.015	0.029
4	0.016	P/O	P/O	0.017	0.015	0.015	0.030
5	P/O	P/O	0.016	0.015	0.016	0.016	0.025
6	0.016	P/O	0.016	0.017	0.016	0.016	0.028
7	P/O	P/O	0.016	0.015	0.015	0.016	0.028
8	0.016	P/O	P/O	0.015	0.017	0.016	0.021
9	0.016	P/O	P/O	0.015	0.016	0.016	0.030
10	P/O	P/O	0.016	0.015	0.016	0.016	0.026
11	P/O	P/O	P/O	0.015	0.015	0.015	0.022
12	0.015	P/O	0.023	0.015	0.015	0.015	0.023
13	P/O	P/O	0.015	0.015	0.015	0.015	0.020
14	0.015	P/O	P/O	0.016	0.016	0.016	0.028
15	0.016	P/O	P/O	0.016	0.015	0.014	0.023
16	0.015	P/O	0.015	0.014	0.014	0.014	0.020
17	0.014	P/O	P/O	0.015	0.014	0.015	0.024
18	0.015	P/O	P/O	0.014	0.014	0.014	0.022
19	P/O	P/O	0.015	0.014	0.015	0.014	0.025
20	P/O	P/O	0.014	0.014	0.014	0.014	0.019
21	0.015	P/O	P/O	0.014	0.015	0.014	0.022
22	0.014	P/O	0.015	0.014	0.014	0.014	0.021
23	P/O	P/O	P/O	0.015	0.015	0.015	0.019
24	P/O	P/O	0.016	0.015	0.014	0.015	0.019
25	0.014	P/O	0.021	0.014	0.015	0.015	0.021
26	P/O	P/O	0.015	0.014	0.015	0.015	0.027
27	0.015	P/O	P/O	0.014	0.015	0.016	0.032
28	P/O	P/O	0.016	0.015	0.015	0.015	0.024
29	P/O	P/O	0.015	0.015	0.015	0.015	0.033
30	0.016	0.016	P/O	0.015	0.015	0.015	0.027
31	0.015	P/O	P/O	0.015	0.015	0.015	0.029

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 / <input type="radio"/> 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 / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes: P/O = PLANT OFF		PRINTED NAME: Steve Stewart	
		SIGNATURE: 	DATE: 9/4/2024
		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: Aug-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]
8/1/2024 8:35	0.6	86	48	20	8.0	13	Yes	2573
8/2/2024 10:24	1.1	88	100	20	7.9	14	Yes	2572
8/3/2024 7:41	1.2	92	111	20	7.8	13	Yes	2500
8/4/2024 8:29	0.6	88	50	20	7.8	12	Yes	2553
8/5/2024 8:04	1.2	87	101	20	7.9	14	Yes	2591
8/6/2024 6:34	1.2	88	108	20	8.0	14	Yes	2567
8/7/2024 6:39	1.1	83	92	20	8.1	15	Yes	2604
8/8/2024 9:10	0.6	88	53	20	8.1	14	Yes	2593
8/9/2024 7:56	0.6	89	52	20	8.1	14	Yes	2600
8/10/2024 6:42	1.0	88	92	20	8.2	15	Yes	2586
8/11/2024 8:07	1.0	84	88	20	8.2	15	Yes	2602
8/12/2024 7:46	0.7	89	63	20	8.2	15	Yes	2601
8/13/2024 10:12	1.1	86	93	20	8.1	15	Yes	2613
8/14/2024 8:32	0.6	87	54	20	8.2	14	Yes	2591
8/15/2024 8:32	0.5	85	44	20	8.1	13	Yes	2598
8/16/2024 7:22	0.6	87	54	20	8.0	14	Yes	2598
8/17/2024 10:26	1.1	87	97	20	8.0	15	Yes	2602
8/18/2024 9:04	0.6	86	52	20	8.0	14	Yes	2509
8/19/2024 6:53	0.6	87	50	20	8.1	14	Yes	2607
8/20/2024 7:04	1.0	82	81	20	8.1	15	Yes	2803
8/21/2024 9:23	0.4	86	35	20	8.1	14	Yes	2607
8/22/2024 6:45	1.1	84	94	20	8.1	15	Yes	2589
8/23/2024 10:56	1.0	89	93	20	8.0	14	Yes	2599
8/24/2024 7:25	1.0	83	84	20	7.9	14	Yes	2591
8/25/2024 7:36	0.7	90	59	19	8.0	14	Yes	2578
8/26/2024 6:15	1.0	87	90	19	7.9	15	Yes	2602
8/27/2024 8:41	0.6	88	55	19	7.9	14	Yes	2603
8/28/2024 10:09	1.1	89	99	19	7.7	14	Yes	2594
8/29/2024 5:53	1.0	89	87	19	7.8	14	Yes	2592
8/30/2024 9:43	0.6	88	52	19	7.7	13	Yes	2583
8/31/2024 8:56	0.9	88	82	19	7.7	13	Yes	2575

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

