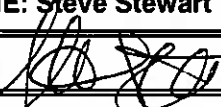


OHA - Drinking Water Program - Surface Water Quality Data Form
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Lincoln**
 Month/Year: **Oct-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	0.015	0.016	P/O	0.015	0.015	0.025	
2	P/O	P/O	P/O	0.015	0.015	0.015	0.017	
3	P/O	P/O	P/O	0.015	0.015	0.015	0.019	
4	P/O	P/O	P/O	0.015	0.015	P/O	0.025	
5	P/O	P/O	0.016	0.015	0.015	P/O	0.027	
6	P/O	P/O	0.017	0.015	0.015	0.015	0.026	
7	P/O	P/O	0.035	0.016	0.015	0.016	0.035	
8	P/O	0.015	0.015	0.015	0.015	P/O	0.018	
9	P/O	P/O	0.015	0.016	0.015	0.015	0.020	
10	P/O	P/O	P/O	0.017	0.015	0.016	0.017	
11	P/O	P/O	0.015	0.015	0.015	0.015	0.029	
12	P/O	P/O	0.015	0.015	0.015	0.015	0.019	
13	P/O	P/O	0.018	0.015	0.014	0.015	0.018	
14	P/O	P/O	0.015	0.014	0.015	0.015	0.023	
15	0.015	P/O	P/O	0.014	0.015	0.014	0.019	
16	0.015	P/O	0.015	0.014	0.015	0.015	0.016	
17	P/O	P/O	0.015	0.015	0.015	0.015	0.020	
18	P/O	P/O	0.015	0.014	0.015	0.015	0.016	
19	0.015	P/O	P/O	0.015	0.014	0.014	0.020	
20	P/O	P/O	P/O	0.014	0.015	0.015	0.020	
21	P/O	P/O	P/O	0.014	0.014	0.014	0.018	
22	P/O	P/O	P/O	0.015	0.015	0.014	0.016	
23	P/O	P/O	0.015	0.014	0.014	0.014	0.025	
24	0.014	P/O	0.017	0.014	0.015	0.014	0.018	
25	P/O	P/O	0.014	0.014	0.014	0.014	0.017	
26	P/O	P/O	P/O	0.014	0.014	0.014	0.021	
27	P/O	P/O	P/O	0.014	0.014	P/O	0.026	
28	P/O	P/O	0.015	0.014	0.014	P/O	0.024	
29	P/O	P/O	P/O	0.015	0.014	P/O	0.015	
30	P/O	P/O	0.014	0.014	0.014	P/O	0.017	
31	P/O	P/O	0.014	0.014	0.014	P/O	0.018	

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 Cl2 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: 11/1/2024
		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: Oct-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]
10/1/2024 14:13	0.9	86	75	16	7.8	17	Yes	2599
10/2/2024 8:36	0.8	83	70	16	7.8	17	Yes	2617
10/3/2024 9:27	0.9	91	83	16	7.9	18	Yes	2485
10/4/2024 8:33	0.5	91	49	15	7.9	18	Yes	2481
10/5/2024 6:28	0.9	83	74	15	8.0	19	Yes	2599
10/6/2024 6:50	0.8	87	73	15	8.0	19	Yes	2551
10/7/2024 7:46	0.8	89	72	15	8.0	19	Yes	2529
10/8/2024 4:17	1.2	85	99	15	8.0	20	Yes	2562
10/9/2024 6:42	1.0	91	95	15	8.0	20	Yes	2606
10/10/2024 8:30	0.7	88	59	15	7.9	19	Yes	2614
10/11/2024 6:55	1.0	87	91	15	7.9	19	Yes	2609
10/12/2024 7:14	1.0	86	87	15	7.9	19	Yes	2617
10/13/2024 7:35	0.7	88	64	15	7.9	18	Yes	2610
10/14/2024 7:00	1.0	90	92	15	7.9	19	Yes	2606
10/15/2024 8:13	0.7	87	64	15	7.8	18	Yes	2611
10/16/2024 7:14	1.1	86	99	15	7.8	18	Yes	2610
10/17/2024 6:49	1.0	84	84	15	7.8	18	Yes	2619
10/18/2024 5:54	1.1	90	95	15	7.9	19	Yes	2611
10/19/2024 9:17	0.6	87	51	15	7.9	18	Yes	2616
10/20/2024 9:00	0.7	84	58	15	7.8	18	Yes	2619
10/21/2024 8:04	1.1	89	98	15	7.8	19	Yes	2572
10/22/2024 8:35	1.0	85	84	14	7.7	19	Yes	2583
10/23/2024 7:15	0.7	90	65	14	7.7	19	Yes	2500
10/24/2024 7:17	0.7	87	57	13	7.7	19	Yes	2604
10/25/2024 6:31	1.1	90	100	13	7.8	21	Yes	2603
10/26/2024 8:38	1.0	86	87	13	7.8	21	Yes	2614
10/27/2024 9:00	0.9	86	75	13	7.7	20	Yes	2628
10/28/2024 7:00	0.8	89	71	13	7.7	20	Yes	2613
10/29/2024 7:55	1.0	88	85	13	7.7	21	Yes	2608
10/30/2024 7:08	0.7	90	63	12	7.7	21	Yes	2615
10/31/2024 6:44	0.9	88	83	12	7.7	22	Yes	2611

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.dmcce@state.or.us; 971-673-0694; or Drinking Water Services, P.O. Box 14350, Portland, OR 97293-0350