OHA - DWS

Membrane Filter Monthly Operating Report

System Name: **Newport, City of** | County: **Lincoln**

PWS ID#: 41 - **00566** | Month/Year: **Feb-2025**

Plant ID: WTP - **A** (e.g., "A") | Minimum test pressure **applied**: **25** psi | Minimum test pressure **req'd**: **20** psi

DIT = Direct Integrity Test on filter(s) [Yes, No, or "off" if all filters are offline] ⇨

PDR = Pressure Decay Rate

LRC = Log Removal Credit

PDR_{Max} [$^{psi}/_{min}$]	LRC [log removal]	DIT Daily
0.060	4.00	

Day	CFE Daily Turbidity [NTU]	Highest CFE♣ [NTU]	Highest IFE [NTU] (>15 Min duration)	Highest PDR of day [$^{psi}/_{min}$]	Lowest $LRV_{ambient}$ of day [log removal]	[Y/N] or "off"
1	0.022	0.036	0.020	0.05	4.75	Y
2	0.038	0.072	0.020	0.04	4.77	Y
3	0.024	0.043	0.020	0.05	4.78	Y
4	0.028	0.054	0.020	0.05	4.71	Y
5	0.021	0.031	0.021	0.05	4.72	Y
6	0.024	0.024	0.021	0.05	4.73	Y
7	0.026	0.032	0.025	0.05	4.77	Y
8	0.016	0.026	0.023	0.05	4.77	Y
9	0.020	0.020	0.023	0.05	4.79	Y
10	0.019	0.051	0.034	0.05	4.76	Y
11	0.016	0.018	0.022	0.05	4.76	Y
12	0.018	0.021	0.023	0.05	4.76	Y
13	0.016	0.134	0.022	0.05	4.76	Y
14	0.017	0.022	0.023	0.05	4.73	Y
15	0.017	0.022	0.026	0.05	4.75	Y
16	0.018	0.035	0.033	0.05	4.78	Y
17	0.016	0.027	0.033	0.05	4.80	Y
18	0.019	0.020	0.024	0.05	4.76	Y
19	0.019	0.023	0.037	0.05	4.77	Y
20	0.018	0.019	0.039	0.05	4.76	Y
21	0.028	0.033	0.018	0.05	4.79	Y
22	0.025	0.026	0.029	0.05	4.81	Y
23	0.017	0.022	0.031	0.05	4.80	Y
24	0.022	0.034	0.048	0.05	4.79	Y
25	0.019	0.024	0.054	0.06	4.79	Y
26	0.033	0.033	0.020	0.05	4.79	Y
27	0.024	0.034	0.025	0.05	4.78	Y
28	0.025	0.046	0.017	0.05	4.80	Y

Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU? [Y/N]	All turbidity readings ≤ 5 NTU? [Y/N]	All IFE turbidity readings ≤ 0.15 NTU? [Y/N]	Performance std met? [Y/N] (PDR ≤ PDR_{Max}, LRV ≥ LRC)	DIT Daily?
Yes	Yes	Yes	Yes	Yes

CT's met daily? (p. 2)	All Cl_2 residual at EP ≥ 0.2 $^{mg}/_{L}$?	PDR ≤ PDR_{Max}?	$LRV_{ambient}$ ≥ LRC?
Yes	Yes	Yes	Yes

PRINTED NAME: Steve Stewart **DATE:** 3/3/2025

SIGNATURE: **WT CERT #:** 2445

Notes: 2/4 Rack 5 IT failure, Retested and passed **PHONE #:** 541-265-7421

Notes: 2/7 Rack 5 IT failure, Retested and passed

♣ *Used for optimization purposes only*

Disinfection Monthly Operating Report

System Name: **Newport, City of**

PWS ID#: 41 - **00566**

Plant ID : WTP - **A**

0.5 ⇦ Log Inactivation Required via Disinfection

Day	Minimum Cl_2 Residual at 1st User (**C**) ♦ [$^{mg}/_{L}$ = ppm]	Contact Time (T) [minutes]	Actual CT **C** x **T** (Formula)	Temp [° C]	pH	Required CT (Formula)	CT Met? ♦ [Yes / No] (Formula)	Peak Hourly Demand Flow [GPM]	Notes (e.g. "Plant Off")
1	1.1	85	97	5	8.0	39	YES	2,609	
2	1.1	85	94	6	8.0	38	YES	2,628	
3	1.1	88	98	5	8.0	38	YES	2,606	
4	1.1	86	91	5	8.0	38	YES	2,568	
5	1.0	94	92	5	8.0	39	YES	2,504	
6	1.0	88	86	5	8.0	38	YES	2,561	
7	1.0	86	88	5	8.0	39	YES	2,607	
8	1.0	87	85	5	8.0	39	YES	2,628	
9	1.0	85	81	5	8.0	38	YES	2,619	
10	1.0	86	88	5	8.0	39	YES	2,604	
11	1.0	85	86	5	8.0	40	YES	2,634	
12	0.9	88	82	4	8.0	41	YES	2,613	
13	0.9	89	82	4	8.4	47	YES	2,535	
14	1.0	87	89	4	8.1	43	YES	2,621	
15	1.0	85	84	4	8.1	41	YES	2,620	
16	0.9	87	82	5	8.0	39	YES	2,626	
17	1.0	91	93	5	8.0	38	YES	2,610	
18	1.0	87	89	6	7.9	35	YES	2,608	
19	1.0	88	86	6	8.0	35	YES	2,554	
20	0.9	89	81	7	7.9	33	YES	2,595	
21	1.0	89	86	7	7.9	32	YES	2,542	
22	0.9	85	75	7	7.8	32	YES	2,625	
23	0.9	89	81	8	7.8	29	YES	2,615	
24	0.9	78	70	8	7.7	29	YES	2,942	
25	1.0	86	85	8	7.7	29	YES	2,601	
26	1.0	89	87	8	7.8	29	YES	2,507	
27	1.0	87	87	8	7.7	28	YES	2,609	
28	1.0	86	84	8	7.7	28	YES	2,622	

♦ If chlorine concentration at entry point < 0.2 $^{mg}/_{L}$, or CT not met, notify DWS within 24 hours.

Submit this monthly report by the 10th of following month by

mail: Drinking Water Services
PO Box 14350
Portland, OR 97293-0350
email: dwp.dmce@odhsoha.oregon.gov
fax: 971-673-0458