OHA - DWS

Membrane Filter Monthly Operating Report

System Name: **Newport, City of**
PWS ID#: 41 - **00566**
Plant ID: WTP - **A** *(e.g., "A")*

County: **Lincoln**
Month/Year: **May-2025**
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]
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]	DIT Daily [Y/N] or "off"
1	0.022	0.044	0.041	0.05	4.75	Y
2	0.020	0.022	0.024	0.05	4.77	Y
3	0.019	0.041	0.063	0.05	4.76	Y
4	0.020	0.026	0.026	0.05	4.78	Y
5	0.023	0.024	0.026	0.05	4.78	Y
6	0.019	0.025	0.045	0.05	4.74	Y
7	0.021	0.031	0.039	0.05	4.77	Y
8	0.027	0.030	0.039	0.05	4.76	Y
9	0.049	0.058	0.049	0.05	4.78	Y
10	0.023	0.047	0.043	0.05	4.74	Y
11	0.017	0.025	0.032	0.05	4.75	Y
12	0.017	0.020	0.033	0.05	4.73	Y
13	0.019	0.021	0.028	0.05	4.72	Y
14	0.017	0.022	0.039	0.05	4.74	Y
15	0.021	0.022	0.034	0.06	4.63	Y
16	0.023	0.025	0.031	0.06	4.56	Y
17	0.081	0.115	0.031	0.05	4.75	Y
18	0.038	0.045	0.030	0.05	4.76	Y
19	0.026	0.114	0.038	0.05	4.73	Y
20	0.034	0.072	0.100	0.05	4.73	Y
21	0.032	0.033	0.028	0.05	4.76	Y
22	0.019	0.022	0.020	0.05	4.75	Y
23	0.050	0.060	0.022	0.05	4.73	Y
24	0.019	0.021	0.043	0.05	4.67	Y
25	0.017	0.030	0.022	0.05	4.67	Y
26	0.020	0.022	0.021	0.05	4.58	Y
27	0.020	0.021	0.033	0.05	4.58	Y
28	0.061	0.028	0.025	0.05	4.75	Y
29	0.020	0.037	0.022	0.05	4.75	Y
30	0.022	0.027	0.027	0.05	4.69	Y
31	0.023	0.027	0.023	0.05	4.76	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
SIGNATURE:
Notes:

DATE: 6/3/2025
WT CERT #: 2445
PHONE #: 541-265-7421

♣ *Used for optimization purposes only.*

OHA-DWS

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	1.0	87	88	14	7.8	20	YES	2,610	
2	0.8	90	74	15	7.8	19	YES	2,516	
3	0.8	87	70	15	7.9	19	YES	2,619	
4	1.0	85	88	14	7.9	20	YES	2,604	
5	1.0	85	86	14	7.9	20	YES	2,618	
6	0.8	89	70	15	7.9	19	YES	2,606	
7	1.0	87	90	15	7.9	19	YES	2,619	
8	1.1	87	96	15	7.8	19	YES	2,622	
9	1.0	83	81	15	7.9	19	YES	2,616	
10	0.8	88	71	15	7.8	18	YES	2,613	
11	0.9	86	75	16	7.7	17	YES	2,598	
12	0.9	86	80	16	7.8	18	YES	2,616	
13	1.0	88	84	16	7.9	18	YES	2,630	
14	0.8	88	71	16	7.7	17	YES	2,585	
15	0.9	83	77	16	7.7	17	YES	2,611	
16	1.0	88	90	16	7.7	17	YES	2,557	
17	1.0	88	89	16	7.7	17	YES	2,610	
18	0.8	88	70	16	7.8	17	YES	2,596	
19	0.8	87	66	16	7.8	17	YES	2,599	
20	1.0	82	85	16	7.9	18	YES	2,615	
21	0.8	88	71	16	8.0	18	YES	2,610	
22	1.1	87	95	16	8.0	19	YES	2,587	
23	0.9	90	85	16	8.3	20	YES	2,507	
24	1.1	88	100	16	8.6	24	YES	2,593	
25	1.1	87	100	17	8.7	23	YES	2,593	
26	1.0	91	89	17	8.3	20	YES	2,594	
27	1.0	89	87	16	8.1	18	YES	2,515	
28	1.2	87	105	17	8.0	18	YES	2,597	
29	1.1	83	92	17	7.9	17	YES	2,616	
30	1.1	88	99	17	7.9	17	YES	2,606	
31	1.1	85	98	17	7.9	16	YES	2,602	

♦ 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

Revised 7/31/2023