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: **Jun-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]	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	0.022	0.037	0.05	4.77	Y
2	0.021	0.026	0.039	0.05	4.75	Y
3	0.036	0.038	0.069	0.05	4.74	Y
4	0.040	0.046	0.050	0.05	4.76	Y
5	0.029	0.036	0.028	0.05	4.72	Y
6	0.029	0.037	0.034	0.05	4.70	Y
7	0.028	0.032	0.028	0.05	4.74	Y
8	0.035	0.044	0.040	0.05	4.75	Y
9	0.027	0.037	0.028	0.05	4.78	Y
10	0.021	0.029	0.031	0.05	4.74	Y
11	0.047	0.047	0.035	0.05	4.70	Y
12	0.031	0.034	0.033	0.05	4.73	Y
13	0.025	0.031	0.035	0.05	4.74	Y
14	0.023	0.027	0.037	0.05	4.74	Y
15	0.024	0.032	0.033	0.05	4.72	Y
16	0.023	0.031	0.029	0.05	4.69	Y
17	0.029	0.032	0.071	0.05	4.72	Y
18	0.059	0.096	0.055	0.05	4.73	Y
19	0.025	0.033	0.039	0.05	4.77	Y
20	0.020	0.036	0.039	0.05	4.73	Y
21	0.023	0.035	0.047	0.05	4.74	Y
22	0.023	0.039	0.038	0.05	4.75	Y
23	0.028	0.035	0.032	0.06	4.74	Y
24	0.019	0.028	0.035	0.05	4.75	Y
25	0.024	0.078	0.032	0.05	4.77	Y
26	0.018	0.023	0.034	0.05	4.72	Y
27	0.018	0.025	0.050	0.05	4.74	Y
28	0.018	0.029	0.043	0.06	4.71	Y
29	0.023	0.038	0.039	0.06	4.62	Y
30	0.021	0.027	0.054	0.05	4.60	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: 7/2/2025
WT CERT #: 2445
PHONE #: 541-265-7421

♣ *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	1.2	85	103	17	7.7	16	YES	2,604	
2	1.2	69	80	17	7.8	16	YES	3,101	
3	1.2	84	99	17	7.9	17	YES	2,557	
4	1.1	85	95	18	7.9	16	YES	2,554	
5	1.2	90	105	18	7.8	16	YES	2,497	
6	1.2	87	104	18	7.8	15	YES	2,545	
7	1.2	87	105	18	7.8	16	YES	2,573	
8	1.2	88	105	18	7.9	16	YES	2,578	
9	1.2	87	106	19	7.8	15	YES	2,553	
10	1.2	90	109	19	7.7	14	YES	2,544	
11	1.2	91	108	19	7.8	14	YES	2,571	
12	1.2	88	103	19	7.9	15	YES	2,570	
13	1.0	86	88	19	8.0	15	YES	2,580	
14	1.1	89	93	18	8.0	16	YES	2,566	
15	0.9	86	76	18	8.0	16	YES	2,579	
16	1.1	88	93	18	8.0	17	YES	2,589	
17	1.1	85	92	18	8.0	17	YES	2,582	
18	1.1	88	95	18	8.1	17	YES	2,575	
19	0.8	90	75	18	8.0	16	YES	2,571	
20	1.1	87	95	18	7.9	15	YES	2,571	
21	1.1	86	91	18	7.8	15	YES	2,578	
22	1.1	86	90	18	7.9	15	YES	2,578	
23	1.0	88	87	18	7.9	16	YES	2,601	
24	1.0	85	84	18	7.6	15	YES	2,579	
25	1.1	86	98	18	7.7	15	YES	2,585	
26	1.2	88	103	18	7.7	15	YES	2,578	
27	0.9	89	81	18	7.8	15	YES	2,577	
28	1.2	88	106	18	7.9	16	YES	2,586	
29	1.0	89	93	18	8.0	16	YES	2,578	
30	1.1	88	93	19	8.1	16	YES	2,578	

♦ 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