

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Lincoln**

System Name: **Newport, City of**

Month/Year: **Jul-2025**

PWS ID#: 41 - **00566**

Minimum test pressure applied: **25** psi

Plant ID: WTP - **A**

Minimum test pressure req'd: **20** psi

(e.g., "A")

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	

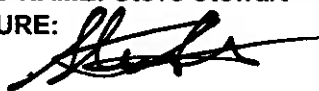
Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 Min duration)	Highest PDR of day [psi/min]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.026	0.051	0.056	0.05	4.67	Y
2	0.029	0.037	0.057	0.05	4.76	Y
3	0.022	0.031	0.042	0.05	4.49	Y
4	0.017	0.032	0.061	0.06	4.76	Y
5	0.025	0.038	0.043	0.05	4.73	Y
6	0.031	0.034	0.053	0.05	4.70	Y
7	0.023	0.034	0.039	0.05	4.70	Y
8	0.024	0.041	0.044	0.05	4.71	Y
9	0.025	0.037	0.046	0.06	4.73	Y
10	0.027	0.043	0.040	0.05	4.74	Y
11	0.028	0.046	0.075	0.05	4.71	Y
12	0.030	0.049	0.050	0.05	4.73	Y
13	0.023	0.046	0.056	0.05	4.75	Y
14	0.025	0.031	0.065	0.05	4.76	Y
15	0.021	0.033	0.047	0.05	4.75	Y
16	0.021	0.038	0.043	0.05	4.76	Y
17	0.032	0.046	0.036	0.05	4.77	Y
18	0.020	0.027	0.027	0.05	4.76	Y
19	0.018	0.028	0.031	0.05	4.74	Y
20	0.019	0.026	0.034	0.05	4.73	Y
21	0.024	0.035	0.027	0.05	4.79	Y
22	0.021	0.028	0.024	0.05	4.75	Y
23	0.026	0.034	0.074	0.05	4.74	Y
24	0.025	0.025	0.034	0.05	4.75	Y
25	0.020	0.029	0.028	0.05	4.75	Y
26	0.020	0.025	0.027	0.05	4.79	Y
27	0.021	0.025	0.043	0.05	4.75	Y
28	0.023	0.033	0.029	0.05	4.74	Y
29	0.023	0.027	0.030	0.05	4.72	Y
30	0.021	0.026	0.049	0.05	4.77	Y
31	0.022	0.037	0.030	0.05	4.72	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: 8/5/2025

SIGNATURE: 

WT CERT #: 2445

Notes:

PHONE #: 541-265-7421

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Disinfection Monthly Operating ReportSystem 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 1 st 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	0.8	87	74	19	8.1	16	YES	2,570	
2	1.0	86	86	19	8.1	16	YES	2,605	
3	1.0	88	89	19	8.1	15	YES	2,583	
4	1.0	90	91	19	8.0	15	YES	2,477	
5	0.7	91	62	19	8.0	14	YES	2,513	
6	1.1	86	91	19	8.0	15	YES	2,570	
7	1.0	85	84	19	8.0	15	YES	2,559	
8	1.0	90	94	20	8.1	15	YES	2,571	
9	1.0	90	89	20	8.1	15	YES	2,573	
10	0.9	87	75	20	8.1	15	YES	2,602	
11	1.1	90	103	20	8.0	15	YES	2,574	
12	1.1	89	101	20	8.0	15	YES	2,576	
13	1.1	86	91	20	8.0	14	YES	2,580	
14	1.1	89	102	21	8.0	14	YES	2,575	
15	0.7	89	64	21	8.0	13	YES	2,560	
16	1.1	87	96	21	8.0	14	YES	2,583	
17	1.1	86	92	21	8.0	13	YES	2,590	
18	1.1	87	93	21	8.0	14	YES	2,570	
19	1.1	86	99	21	7.9	13	YES	2,583	
20	1.1	86	93	21	7.9	13	YES	2,573	
21	1.1	85	90	21	7.9	13	YES	2,584	
22	0.6	90	56	21	7.9	12	YES	2,574	
23	0.6	88	56	21	7.9	12	YES	2,573	
24	1.1	87	92	21	7.9	13	YES	2,578	
25	1.0	88	88	21	7.9	13	YES	2,576	
26	0.5	89	41	21	7.9	12	YES	2,593	
27	1.0	87	87	21	7.9	13	YES	2,591	
28	1.0	90	87	21	7.9	13	YES	2,579	
29	1.1	87	99	21	7.9	13	YES	2,593	
30	1.1	88	95	21	7.9	13	YES	2,577	
31	1.1	87	93	21	7.8	13	YES	2,579	

* 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

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