

OHA - DWS

Membrane Filter Monthly Operating Report

System Name: **Newport, City of**

County: **Lincoln**

PWS ID#: 41 - **00566**

Month/Year: **Aug-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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 Min duration)	PDR _{Max} [psi/min]	LRC [log removal]	DIT Daily
				0.060	4.00	
				Highest PDR of day [psi/min]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.031	0.034	0.047	0.05	4.73	Y
2	0.020	0.036	0.028	0.05	4.73	Y
3	0.028	0.029	0.054	0.05	4.75	Y
4	0.020	0.029	0.029	0.05	4.73	Y
5	0.027	0.049	0.045	0.05	4.70	Y
6	0.033	0.038	0.044	0.05	4.73	Y
7	0.019	0.029	0.037	0.05	4.77	Y
8	0.032	0.069	0.042	0.06	4.76	Y
9	0.020	0.030	0.041	0.05	4.72	Y
10	0.051	0.052	0.040	0.05	4.79	Y
11	0.023	0.024	0.033	0.05	4.77	Y
12	0.040	0.042	0.045	0.05	4.74	Y
13	0.040	0.040	0.053	0.05	4.76	Y
14	0.022	0.037	0.036	0.05	4.73	Y
15	0.041	0.060	0.037	0.05	4.75	Y
16	0.031	0.053	0.032	0.05	4.72	Y
17	0.032	0.036	0.040	0.05	4.70	Y
18	0.030	0.043	0.043	0.05	4.75	Y
19	0.026	0.032	0.056	0.05	4.72	Y
20	0.024	0.043	0.046	0.05	4.70	Y
21	0.026	0.036	0.036	0.05	4.70	Y
22	0.024	0.039	0.029	0.05	4.71	Y
23	0.043	0.047	0.026	0.06	4.68	Y
24	0.031	0.045	0.032	0.06	4.69	Y
25	0.044	0.147	0.036	0.05	4.71	Y
26	0.031	0.055	0.027	0.04	4.71	Y
27	0.036	0.037	0.033	0.04	4.73	Y
28	0.034	0.039	0.032	0.04	4.74	Y
29	0.025	0.057	0.026	0.05	4.72	Y
30	0.036	0.066	0.024	0.05	4.69	Y
31	0.041	0.049	0.032	0.04	4.74	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: 9/3/2025

WT CERT #: 2445

PHONE #: 541-265-7421

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	1.1	88	96	21	7.8	13	YES	2,583	
2	1.0	87	89	21	7.8	12	YES	2,586	
3	1.0	90	87	21	7.8	12	YES	2,526	
4	1.1	87	94	21	7.9	13	YES	2,607	
5	0.6	86	54	21	7.9	12	YES	2,575	
6	1.0	84	83	21	7.9	13	YES	2,579	
7	1.0	88	89	21	7.8	13	YES	2,575	
8	1.0	85	88	21	7.9	13	YES	2,592	
9	1.0	87	85	20	7.9	13	YES	2,582	
10	1.0	85	86	20	7.8	13	YES	2,577	
11	1.1	90	99	21	7.7	12	YES	2,585	
12	0.7	88	64	21	7.7	11	YES	2,565	
13	1.1	84	90	21	7.8	13	YES	2,582	
14	0.5	88	43	21	8.2	13	YES	2,581	
15	1.1	89	100	21	8.1	14	YES	2,572	
16	0.4	89	40	21	8.1	13	YES	2,580	
17	1.2	88	102	21	8.1	14	YES	2,582	
18	1.1	87	93	21	8.0	13	YES	2,578	
19	1.1	88	97	21	8.1	14	YES	2,577	
20	0.6	88	56	21	8.0	13	YES	2,574	
21	1.1	87	99	21	8.2	15	YES	2,584	
22	1.1	87	95	21	8.0	13	YES	2,579	
23	0.5	89	41	21	8.1	13	YES	2,568	
24	1.1	87	92	21	8.1	14	YES	2,584	
25	1.1	86	92	21	8.4	16	YES	2,581	
26	1.1	89	100	21	8.4	15	YES	2,586	
27	1.1	89	96	21	8.3	15	YES	2,568	
28	1.0	87	89	21	8.1	14	YES	2,580	
29	1.0	88	89	20	8.1	14	YES	2,580	
30	1.0	88	88	20	8.0	14	YES	2,584	
31	1.1	88	93	20	8.0	14	YES	2,576	

* 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