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: **Sep-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	0.035	0.061	0.025	0.05	4.76	Y
2	0.034	0.062	0.027	0.05	4.75	Y
3	0.028	0.090	0.025	0.05	4.72	Y
4	0.086	0.134	0.044	0.05	4.71	Y
5	0.048	0.166	0.025	0.05	4.69	Y
6	0.066	0.199	0.026	0.06	4.60	Y
7	0.098	0.169	0.028	0.06	4.53	Y
8	0.054	0.104	0.030	0.04	4.65	Y
9	0.109	0.112	0.035	0.04	4.77	Y
10	0.025	0.067	0.024	0.05	4.75	Y
11	0.075	0.081	0.035	0.04	4.77	Y
12	0.068	0.075	0.038	0.04	4.78	Y
13	0.025	0.058	0.027	0.04	4.75	Y
14	0.029	0.069	0.034	0.05	4.71	Y
15	0.029	0.088	0.028	0.04	4.71	Y
16	0.026	0.062	0.026	0.05	4.68	Y
17	0.050	0.051	0.041	0.04	4.78	Y
18	0.026	0.056	0.051	0.04	4.75	Y
19	0.039	0.053	0.040	0.04	4.72	Y
20	0.027	0.073	0.050	0.05	4.74	Y
21	0.047	0.057	0.036	0.04	4.75	Y
22	0.027	0.050	0.063	0.05	4.75	Y
23	0.066	0.067	0.073	0.04	4.74	Y
24	0.023	0.054	0.040	0.04	4.71	Y
25	0.021	0.044	0.050	0.04	4.78	Y
26	0.024	0.047	0.044	0.05	4.72	Y
27	0.032	0.075	0.028	0.04	4.70	Y
28	0.025	0.054	0.025	0.05	4.73	Y
29	0.040	0.094	0.029	0.04	4.76	Y
30	0.061	0.080	0.033	0.05	4.73	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: 10/2/2025
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	1.1	90	95	19	7.9	15	YES	2,570	
2	0.9	91	86	19	8.0	15	YES	2,576	
3	0.7	89	65	20	8.0	14	YES	2,575	
4	1.1	89	96	19	8.0	15	YES	2,584	
5	1.1	87	94	19	8.0	15	YES	2,583	
6	1.1	93	101	19	8.2	16	YES	2,500	
7	0.6	89	55	19	8.2	15	YES	2,529	
8	0.9	86	76	19	8.2	16	YES	2,579	
9	1.1	91	101	19	8.1	16	YES	2,554	
10	1.1	89	101	19	8.1	15	YES	2,557	
11	0.6	91	59	19	8.1	15	YES	2,550	
12	1.1	87	99	19	8.0	15	YES	2,555	
13	0.6	89	51	19	8.0	14	YES	2,597	
14	1.1	85	95	19	8.0	15	YES	2,585	
15	0.5	90	48	18	8.0	15	YES	2,571	
16	1.0	84	87	18	8.0	16	YES	2,588	
17	1.1	86	94	19	8.0	15	YES	2,582	
18	0.6	83	50	19	8.0	15	YES	2,582	
19	0.7	90	63	18	8.0	16	YES	2,576	
20	0.8	85	72	18	8.0	16	YES	2,581	
21	0.7	89	65	18	8.0	16	YES	2,583	
22	1.1	89	93	18	8.1	17	YES	2,584	
23	0.7	85	57	18	8.2	17	YES	2,569	
24	1.1	90	98	18	8.1	18	YES	2,567	
25	0.6	87	50	17	8.1	17	YES	2,579	
26	1.0	88	93	17	8.1	18	YES	2,589	
27	1.0	86	83	17	8.1	18	YES	2,576	
28	0.8	91	74	17	8.1	17	YES	2,588	
29	0.7	84	59	17	8.0	17	YES	2,577	
30	1.0	89	91	17	8.1	18	YES	2,593	

♦ 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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