

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Lincoln**

System Name: **Newport, City of**

Month/Year: **Oct-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]

0.060

LRC [log removal]

4.00

DIT
Daily

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	0.040	0.096	0.035	0.05	4.66	Y
2	0.040	0.094	0.036	0.04	4.69	Y
3	0.044	0.048	0.044	0.05	4.71	Y
4	0.040	0.058	0.044	0.05	4.72	Y
5	0.078	0.093	0.065	0.05	4.70	Y
6	0.062	0.069	0.063	0.05	4.71	Y
7	0.036	0.037	0.045	0.05	4.72	Y
8	0.022	0.028	0.022	0.05	4.76	Y
9	0.023	0.029	0.031	0.05	4.70	Y
10	0.056	0.065	0.026	0.05	4.70	Y
11	0.034	0.045	0.047	0.04	4.74	Y
12	0.029	0.034	0.033	0.05	4.76	Y
13	0.025	0.026	0.039	0.05	4.78	Y
14	0.021	0.024	0.036	0.06	4.72	Y
15	0.025	0.025	0.036	0.04	4.75	Y
16	0.026	0.032	0.046	0.04	4.82	Y
17	0.028	0.030	0.032	0.04	4.82	Y
18	0.032	0.041	0.027	0.05	4.81	Y
19	0.076	0.088	0.028	0.05	4.73	Y
20	0.024	0.035	0.023	0.05	4.78	Y
21	0.022	0.024	0.024	0.05	4.72	Y
22	0.021	0.026	0.025	0.04	4.75	Y
23	0.025	0.029	0.029	0.05	4.74	Y
24	0.023	0.025	0.029	0.04	4.73	Y
25	0.035	0.059	0.043	0.04	4.82	Y
26	0.034	0.034	0.035	0.05	4.79	Y
27	0.027	0.036	0.038	0.04	4.79	Y
28	0.069	0.070	0.036	0.05	4.78	Y
29	0.025	0.053	0.023	0.05	4.75	Y
30	0.095	0.136	0.027	0.04	4.78	Y
31	0.026	0.027	0.030	0.04	4.81	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: 11/4/2024

SIGNATURE: 

WT CERT #: 2445

Notes:

PHONE #: 541-265-7421

p. 1 of 2

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	0.6	85	51	16	8.1	18	YES	2,590	
2	0.8	85	64	16	8.1	18	YES	2,554	
3	1.0	88	89	16	8.1	19	YES	2,563	
4	1.1	93	101	17	8.0	18	YES	2,484	
5	1.0	89	86	16	8.1	18	YES	2,546	
6	0.5	88	40	16	8.0	17	YES	2,584	
7	1.1	85	94	16	8.1	19	YES	2,598	
8	0.6	86	54	16	8.1	18	YES	2,712	
9	1.1	87	98	16	8.1	20	YES	2,590	
10	0.6	90	51	15	8.1	19	YES	2,627	
11	1.0	88	87	15	8.2	21	YES	2,588	
12	0.7	88	65	15	8.1	19	YES	2,592	
13	1.1	87	97	14	8.0	21	YES	2,591	
14	0.8	88	72	14	8.0	21	YES	2,593	
15	1.1	86	93	14	8.0	22	YES	2,596	
16	1.0	89	91	13	8.0	23	YES	2,542	
17	1.1	88	95	13	8.0	22	YES	2,578	
18	1.0	88	86	13	8.0	22	YES	2,581	
19	1.1	88	94	13	8.0	22	YES	2,574	
20	1.0	86	90	13	7.9	22	YES	2,586	
21	1.1	90	102	13	8.0	23	YES	2,581	
22	1.1	86	98	13	8.0	23	YES	2,595	
23	1.0	95	93	13	8.0	22	YES	2,531	
24	1.2	87	103	13	7.9	22	YES	2,586	
25	1.0	86	86	13	7.9	22	YES	2,594	
26	0.8	87	69	13	7.9	22	YES	2,578	
27	1.1	87	94	12	8.0	24	YES	2,586	
28	1.1	87	94	12	8.0	24	YES	2,582	
29	1.1	87	99	12	8.0	24	YES	2,576	
30	1.1	88	95	12	8.0	24	YES	2,590	
31	0.9	92	81	12	8.0	24	YES	2,515	

* 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

p. 2 of 2