

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Lincoln**

System Name: **Newport, City of**

Month/Year: **Nov-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]**

0.060 **4.00**

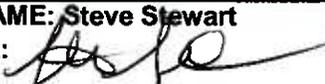
DIT Daily

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	0.035	0.058	0.027	0.04	4.82	Y
2	0.026	0.029	0.051	0.05	4.78	Y
3	0.031	0.036	0.034	0.05	4.74	Y
4	0.026	0.033	0.051	0.05	4.74	Y
5	0.026	0.030	0.026	0.05	4.79	Y
6	0.022	0.032	0.031	0.04	4.82	Y
7	0.022	0.027	0.034	0.04	4.77	Y
8	0.024	0.028	0.036	0.05	4.81	Y
9	0.028	0.048	0.051	0.05	4.80	Y
10	0.027	0.036	0.040	0.04	4.80	Y
11	0.025	0.035	0.028	0.05	4.79	Y
12	0.037	0.066	0.024	0.04	4.79	Y
13	0.078	0.037	0.065	0.04	4.81	Y
14	0.025	0.027	0.038	0.04	4.83	Y
15	0.029	0.029	0.046	0.04	4.81	Y
16	0.024	0.035	0.024	0.05	4.81	Y
17	0.025	0.047	0.062	0.05	4.80	Y
18	0.039	0.050	0.027	0.05	4.75	Y
19	0.027	0.029	0.045	0.04	4.83	Y
20	0.027	0.037	0.028	0.04	4.81	Y
21	0.044	0.043	0.024	0.04	4.81	Y
22	0.032	0.035	0.020	0.04	4.81	Y
23	0.028	0.048	0.032	0.04	4.78	Y
24	0.031	0.046	0.029	0.05	4.73	Y
25	0.029	0.051	0.024	0.04	4.80	Y
26	0.029	0.041	0.027	0.05	4.80	Y
27	0.036	0.068	0.022	0.05	4.78	Y
28	0.029	0.038	0.019	0.05	4.75	Y
29	0.029	0.039	0.021	0.05	4.78	Y
30	0.036	0.037	0.024	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: 12/3/2025

WT CERT #: 2445

PHONE #: 541-265-7421

OHA-DWS

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 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	73	12	7.9	23	YES	2,583	
2	1.1	87	92	12	7.9	23	YES	2,593	
3	1.0	92	97	12	8.0	24	YES	2,496	
4	0.9	95	88	12	8.0	23	YES	2,570	
5	0.8	89	69	12	8.0	22	YES	2,593	
6	1.0	90	88	12	7.9	23	YES	2,580	
7	1.1	87	99	12	7.9	23	YES	2,590	
8	1.0	89	89	12	7.9	23	YES	2,580	
9	1.0	89	87	12	7.9	24	YES	2,577	
10	1.0	90	94	12	7.9	23	YES	2,580	
11	0.8	88	72	12	7.9	22	YES	2,590	
12	1.1	89	94	12	7.9	23	YES	2,579	
13	1.0	86	85	12	7.8	22	YES	2,606	
14	0.9	89	79	12	7.8	22	YES	2,580	
15	1.0	87	91	12	7.8	22	YES	2,580	
16	1.0	87	86	12	7.8	22	YES	2,589	
17	0.9	89	77	12	7.8	22	YES	2,584	
18	0.9	88	76	12	7.9	23	YES	2,579	
19	1.0	86	85	11	8.4	30	YES	2,592	
20	0.8	88	70	11	7.8	23	YES	2,593	
21	1.0	88	86	11	7.8	25	YES	2,588	
22	1.0	90	90	10	7.8	25	YES	2,583	
23	0.9	89	81	10	7.9	26	YES	2,566	
24	0.9	88	83	10	7.9	26	YES	2,558	
25	0.9	87	80	10	7.9	27	YES	2,587	
26	0.8	90	71	10	8.0	27	YES	2,582	
27	1.0	88	89	10	7.9	27	YES	2,580	
28	1.0	88	87	10	7.9	26	YES	2,577	
29	1.0	88	91	10	7.9	27	YES	2,593	
30	1.0	87	88	10	7.9	26	YES	2,577	

* 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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