

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Lincoln**

System Name: **Newport, City of**

Month/Year: **Dec-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

<b>PDR<sub>Max</sub></b> [ <sup>psi</sup> /min]	<b>LRC</b> [log removal]
<b>0.060</b>	<b>4.00</b>

<b>DIT Daily</b>
[Y/N] or "off"

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 Min duration)	Highest PDR of day [ <sup>psi</sup> /min]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1	0.031	0.035	0.020	0.05	4.77	Y
2	0.033	0.055	0.021	0.04	4.81	Y
3	0.037	0.064	0.022	0.04	4.83	Y
4	0.039	0.045	0.024	0.05	4.83	Y
5	0.025	0.034	0.027	0.05	4.83	Y
6	0.033	0.050	0.030	0.04	4.80	Y
7	0.031	0.055	0.033	0.06	4.66	Y
8	0.028	0.038	0.035	0.04	4.81	Y
9	0.028	0.037	0.026	0.05	4.81	Y
10	0.033	0.064	0.019	0.04	4.81	Y
11	0.056	0.068	0.021	0.05	4.76	Y
12	0.044	0.062	0.019	0.05	4.76	Y
13	0.046	0.072	0.030	0.04	4.76	Y
14	0.047	0.072	0.026	0.04	4.80	Y
15	0.043	0.070	0.028	0.04	4.80	Y
16	0.045	0.068	0.050	0.06	4.62	Y
17	0.065	0.080	0.027	0.06	4.78	Y
18	0.046	0.085	0.031	0.06	4.77	Y
19	0.030	0.048	0.035	0.04	4.78	Y
20	0.052	0.059	0.042	0.04	4.84	Y
21	0.030	0.076	0.046	0.05	4.81	Y
22	0.033	0.048	0.046	0.04	4.83	Y
23	0.034	0.103	0.027	0.04	4.79	Y
24	0.036	0.084	0.018	0.04	4.80	Y
25	0.038	0.067	0.019	0.04	4.79	Y
26	0.029	0.035	0.027	0.04	4.79	Y
27	0.039	0.069	0.031	0.05	4.79	Y
28	0.025	0.054	0.018	0.04	4.84	Y
29	0.033	0.043	0.019	0.04	4.79	Y
30	0.033	0.089	0.019	0.04	4.81	Y
31	0.032	0.050	0.020	0.05	4.78	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 <sub>Max</sub> , LRV ≥ LRC)	DIT Daily?
<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
CT's met daily? (p. 2)	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR <sub>Max</sub> ?	LRV <sub>ambient</sub> ≥ LRC?	
<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	

PRINTED NAME: **Steve Stewart**      DATE: **1/5/2026**  
 SIGNATURE:      WT CERT #: **2445**  
 Notes:      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 <sub>2</sub> Residual at 1 <sup>st</sup> 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	1.0	86	82	10	7.9	27	YES	2,584	
2	0.9	86	77	9	7.9	27	YES	2,587	
3	1.0	87	86	9	7.9	28	YES	2,575	
4	0.9	87	78	9	7.9	28	YES	2,591	
5	1.0	87	84	9	7.9	28	YES	2,583	
6	0.9	93	86	10	7.9	27	YES	2,506	
7	0.8	93	72	10	7.8	26	YES	2,474	
8	0.9	86	81	10	7.8	25	YES	2,594	
9	0.8	88	72	11	7.9	25	YES	2,585	
10	0.7	89	64	11	7.9	24	YES	2,577	
11	0.7	90	65	11	7.9	24	YES	2,583	
12	0.9	90	78	11	7.9	25	YES	2,514	
13	1.1	87	98	11	8.0	26	YES	2,594	
14	1.1	86	90	11	8.0	26	YES	2,596	
15	1.0	90	86	11	8.0	26	YES	2,578	
16	1.0	90	86	11	8.0	25	YES	2,570	
17	1.1	87	99	11	8.0	26	YES	2,574	
18	1.1	75	84	11	8.1	27	YES	3,047	
19	1.2	94	109	11	8.1	28	YES	2,527	
20	1.2	86	99	10	8.0	27	YES	2,589	
21	1.1	86	97	10	8.0	27	YES	2,581	
22	1.2	88	104	10	8.0	28	YES	2,579	
23	1.1	87	91	10	8.0	28	YES	2,586	
24	1.3	91	116	10	8.0	29	YES	2,521	
25	1.3	89	112	10	8.0	29	YES	2,593	
26	1.2	87	104	10	7.9	28	YES	2,574	
27	1.1	89	97	9	8.0	29	YES	2,581	
28	1.0	88	86	9	8.1	30	YES	2,577	
29	1.1	89	98	9	8.1	32	YES	2,582	
30	1.0	90	94	8	8.1	33	YES	2,505	
31	1.1	87	95	8	8.2	34	YES	2,578	

\* 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 10<sup>th</sup> of following month by**

mail: Drinking Water Services  
PO Box 14350  
Portland, OR 97293-0350

email: [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov)

fax: 971-673-0458

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