

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Lincoln**

System Name: **Newport, City of**

Month/Year: **Jan-2026**

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	0.026	0.035	0.021	0.04	4.79	Y
2	0.040	0.048	0.023	0.04	4.86	Y
3	0.025	0.044	0.025	0.04	4.83	Y
4	0.042	0.048	0.025	0.04	4.83	Y
5	0.027	0.036	0.043	0.04	4.81	Y
6	0.031	0.037	0.019	0.04	4.83	Y
7	0.032	0.043	0.023	0.04	4.82	Y
8	0.031	0.033	0.019	0.04	4.84	Y
9	0.027	0.036	0.018	0.05	4.82	Y
10	0.032	0.043	0.019	0.05	4.81	Y
11	0.027	0.029	0.018	0.05	4.82	Y
12	0.034	0.062	0.018	0.04	4.81	Y
13	0.035	0.038	0.019	0.04	4.83	Y
14	0.035	0.049	0.020	0.04	4.86	Y
15	0.025	0.035	0.024	0.04	4.83	Y
16	0.039	0.042	0.019	0.05	4.83	Y
17	0.036	0.036	0.028	0.05	4.80	Y
18	0.039	0.040	0.019	0.04	4.83	Y
19	0.034	0.034	0.023	0.04	4.82	Y
20	0.025	0.054	0.023	0.05	4.79	Y
21	0.024	0.028	0.022	0.05	4.78	Y
22	0.027	0.028	0.028	0.05	4.79	Y
23	0.031	0.044	0.019	0.04	4.79	Y
24	0.033	0.038	0.021	0.05	4.79	Y
25	0.027	0.031	0.018	0.05	4.81	Y
26	0.023	0.034	0.023	0.05	4.77	Y
27	0.039	0.061	0.019	0.04	4.81	Y
28	0.031	0.032	0.019	0.05	4.81	Y
29	0.025	0.033	0.026	0.04	4.82	Y
30	0.025	0.028	0.020	0.04	4.82	Y
31	0.028	0.037	0.032	0.04	4.83	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: 2/3/2026

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	1.1	86	96	8	8.2	35	YES	2,633	
2	1.1	86	96	8	8.2	34	YES	2,633	
3	1.2	87	104	8	8.0	32	YES	2,578	
4	1.2	86	101	8	8.0	32	YES	2,629	
5	1.2	87	103	8	8.0	31	YES	2,575	
6	1.2	89	109	8	8.0	31	YES	2,530	
7	1.0	87	91	8	8.0	31	YES	2,575	
8	1.1	86	90	8	8.0	31	YES	2,587	
9	1.0	91	90	8	7.9	30	YES	2,586	
10	1.0	90	94	8	7.9	31	YES	2,584	
11	1.0	90	91	8	7.9	31	YES	2,576	
12	1.1	83	92	8	7.9	31	YES	2,742	
13	1.1	87	94	8	7.9	31	YES	2,578	
14	1.0	85	87	8	7.9	32	YES	2,591	
15	1.0	88	90	7	7.9	32	YES	2,590	
16	1.0	88	91	7	7.9	32	YES	2,578	
17	1.1	92	97	7	7.9	33	YES	2,565	
18	1.0	90	94	7	8.0	34	YES	2,519	
19	1.0	87	90	7	8.0	35	YES	2,596	
20	1.1	91	98	6	8.1	36	YES	2,524	
21	1.0	83	81	6	8.1	37	YES	2,656	
22	0.9	88	84	6	8.1	37	YES	2,585	
23	1.0	87	90	6	8.1	37	YES	2,589	
24	1.0	88	89	6	8.0	38	YES	2,569	
25	1.1	91	95	5	8.0	39	YES	2,513	
26	1.1	87	93	5	8.1	39	YES	2,578	
27	1.0	85	86	5	8.0	38	YES	2,590	
28	1.0	91	87	6	8.0	36	YES	2,573	
29	0.9	89	83	7	8.0	34	YES	2,579	
30	1.0	89	89	7	7.9	34	YES	2,582	
31	1.0	92	92	7	7.9	33	YES	2,522	

* 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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