

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Lincoln**

System Name: **Newport, City of**

Month/Year: **Feb-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

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU] (>15 Min duration)	PDR _{Max} [^{psi} / _{min}]	LRC [log removal]	DIT Daily
				0.060	4.00	
				Highest PDR of day [^{psi} / _{min}]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1	0.036	0.042	0.028	0.04	4.84	Y
2	0.025	0.040	0.021	0.05	4.83	Y
3	0.031	0.042	0.030	0.04	4.84	Y
4	0.027	0.039	0.021	0.04	4.84	Y
5	0.028	0.035	0.020	0.04	4.83	Y
6	0.029	0.042	0.021	0.04	4.82	Y
7	0.040	0.045	0.019	0.05	4.78	Y
8	0.023	0.048	0.020	0.04	4.81	Y
9	0.026	0.052	0.024	0.04	4.83	Y
10	0.030	0.052	0.019	0.04	4.83	Y
11	0.037	0.061	0.020	0.05	4.80	Y
12	0.024	0.032	0.029	0.04	4.82	Y
13	0.027	0.033	0.028	0.04	4.83	Y
14	0.024	0.033	0.027	0.04	4.83	Y
15	0.035	0.043	0.020	0.04	4.83	Y
16	0.029	0.044	0.027	0.05	4.80	Y
17	0.027	0.032	0.031	0.04	4.83	Y
18	0.029	0.035	0.022	0.05	4.74	Y
19	0.023	0.033	0.033	0.04	4.74	Y
20	0.027	0.034	0.022	0.05	4.82	Y
21	0.037	0.040	0.024	0.05	4.81	Y
22	0.030	0.047	0.030	0.05	4.80	Y
23	0.032	0.034	0.029	0.05	4.83	Y
24	0.026	0.041	0.092	0.05	4.80	Y
25	0.033	0.057	0.021	0.05	4.78	Y
26	0.024	0.044	0.022	0.04	4.82	Y
27	0.023	0.033	0.029	0.04	4.82	Y
28	0.024	0.052	0.030	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: 3/2/2026

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	87	95	7	7.9	33	YES	2,592	
2	1.1	87	94	7	7.9	31	YES	2,583	
3	0.9	90	85	8	7.9	30	YES	2,587	
4	1.1	90	97	8	7.8	30	YES	2,583	
5	1.0	90	86	8	7.9	30	YES	2,568	
6	1.0	86	90	8	7.9	30	YES	2,589	
7	1.0	85	89	8	7.8	29	YES	2,617	
8	1.0	88	86	8	7.8	29	YES	2,592	
9	1.0	89	91	9	7.8	28	YES	2,568	
10	1.0	88	92	8	7.8	28	YES	2,560	
11	1.1	89	93	8	7.7	28	YES	2,534	
12	1.0	87	88	8	7.7	29	YES	2,577	
13	0.9	88	79	8	7.7	28	YES	2,579	
14	1.0	90	88	8	7.8	29	YES	2,578	
15	0.9	91	84	8	7.8	29	YES	2,583	
16	0.9	88	80	8	7.8	29	YES	2,585	
17	0.9	94	88	8	7.9	30	YES	2,478	
18	1.0	89	85	7	7.9	32	YES	2,592	
19	0.9	92	85	7	7.9	32	YES	2,514	
20	1.0	87	84	7	7.9	32	YES	2,584	
21	1.0	93	89	7	7.9	32	YES	2,520	
22	1.0	90	93	7	7.9	32	YES	2,567	
23	0.8	88	73	8	7.9	30	YES	2,590	
24	1.0	91	94	8	7.8	30	YES	2,506	
25	1.0	95	96	8	7.9	31	YES	2,473	
26	1.0	89	85	8	8.0	32	YES	2,554	
27	1.0	81	81	8	8.0	33	YES	2,586	
28	0.9	89	77	8	8.0	31	YES	2,582	

* 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