

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Lincoln**

System Name: **Newport, City of**

Month/Year: **Mar-2026**

PWS ID#: 41 - **00566**

Minimum test pressure applied: **25** psi

Plant ID: WTP - **A**
(e.g., "A")

Minimum test pressure req'd: **20** psi

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	0.023	0.032	0.026	0.05	4.81	Y
2	0.018	0.030	0.019	0.05	4.83	Y
3	0.035	0.085	0.020	0.04	4.85	Y
4	0.019	0.028	0.025	0.05	4.84	Y
5	0.024	0.028	0.024	0.05	4.82	Y
6	0.065	0.031	0.021	0.04	4.81	Y
7	0.021	0.036	0.029	0.04	4.85	Y
8	0.023	0.029	0.020	0.04	4.84	Y
9	0.025	0.034	0.045	0.04	4.80	Y
10	0.027	0.039	0.023	0.05	4.79	Y
11	0.021	0.033	0.024	0.05	4.81	Y
12	0.025	0.027	0.029	0.04	4.84	Y
13	0.029	0.030	0.025	0.05	4.82	Y
14	0.029	0.043	0.020	0.05	4.82	Y
15	0.022	0.035	0.019	0.04	4.84	Y
16	0.032	0.037	0.022	0.04	4.84	Y
17	0.034	0.037	0.040	0.04	4.84	Y
18	0.022	0.034	0.042	0.04	4.81	Y
19	0.036	0.048	0.033	0.04	4.87	Y
20	0.028	0.037	0.020	0.04	4.85	Y
21	0.029	0.058	0.035	0.04	4.83	Y
22	0.020	0.032	0.029	0.04	4.83	Y
23	0.025	0.039	0.024	0.04	4.83	Y
24	0.033	0.055	0.030	0.04	4.84	Y
25	0.028	0.034	0.019	0.05	4.80	Y
26	0.034	0.069	0.021	0.04	4.83	Y
27	0.028	0.050	0.021	0.04	4.82	Y
28	0.021	0.045	0.020	0.04	4.83	Y
29	0.018	0.042	0.028	0.04	4.86	Y
30	0.035	0.039	0.043	0.05	4.81	Y
31	0.021	0.036	0.023	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**

DATE: **4/2/2026**

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 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	0.9	90	79	8	8.0	30	YES	2,582	
2	0.9	89	79	8	8.0	31	YES	2,587	
3	1.0	86	84	8	8.0	31	YES	2,585	
4	0.9	87	82	8	8.0	30	YES	2,583	
5	1.0	88	87	9	8.0	29	YES	2,593	
6	0.9	87	78	9	8.0	29	YES	2,571	
7	0.9	87	81	9	8.0	29	YES	2,572	
8	1.0	92	92	9	7.9	28	YES	2,513	
9	0.9	87	78	9	7.9	27	YES	2,575	
10	1.0	88	91	10	8.0	29	YES	2,593	
11	0.8	90	74	10	8.0	28	YES	2,590	
12	1.0	87	89	10	7.9	27	YES	2,591	
13	1.0	87	83	10	7.9	27	YES	2,581	
14	0.9	92	87	10	8.0	27	YES	2,522	
15	1.0	87	84	10	7.9	28	YES	2,584	
16	1.0	91	93	9	8.0	28	YES	2,540	
17	0.9	87	82	10	7.9	26	YES	2,586	
18	1.0	89	87	10	7.8	26	YES	2,594	
19	1.0	88	91	10	7.8	25	YES	2,569	
20	0.9	87	75	10	7.8	25	YES	2,579	
21	1.0	91	91	10	7.8	26	YES	2,520	
22	0.8	88	73	10	7.9	26	YES	2,585	
23	0.9	90	85	10	7.9	26	YES	2,508	
24	0.9	88	82	10	7.9	25	YES	2,582	
25	0.9	89	77	10	7.9	26	YES	2,577	
26	1.0	88	85	10	8.0	28	YES	2,577	
27	1.0	87	86	10	8.0	28	YES	2,581	
28	0.9	91	86	10	8.1	27	YES	2,510	
29	1.0	87	88	11	8.0	27	YES	2,587	
30	1.0	92	94	11	8.0	27	YES	2,511	
31	1.0	88	84	11	8.1	27	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