State of Oregon Drinking Water Program Monthly Disinfection Report for Ground Water Systems

System Name:		Newberg City of		PWS ID# 41 00557		
Month/Year	r	04/2021	Entry Point:	WTP-A	Required	Minimum Chlorine Residual 0.20 mg/L
Date	Time	Sources(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)		Notes
1	08:00	Well Field		1.09		
2	08:00	"		0.85		
3	08:00	"		1.00		
4	08:00	II .		0.87		
5	08:00	m		0.91		
6	08:00	II .		0.87		
7	08:00	"		0.80		
8	08:00	"		0.87		
9	08:00	"		0.81		
10	08:00	"		0.43		
11	08:00	"		1.08		
12	08:00	n .		1.20		
13	08:00	"		1.13		
14	08:00	"		1.53		
15	08:00	"		1.43		
16	08:00	"		1.10		
17	08:00	"		0.82		
18	08:00	"		0.84		
19	08:00	"		0.77		
20	08:00	"		0.77		
21	08:00	"		0.68		
22	08:00	"		0.81		
23	08:00	"		0.64		
24	08:00	"		0.96		
25	08:00	"		1.06		
26	08:00	"		0.85		
27	08:00	"		0.85		
28	08:00	"		0.59		
29	08:00	"		0.53		
30	08:00	"		0.96		
31						
		al ever less than the requ gest period until the requ			XNo	
		3,300 or Fewer		GWS Serving Mo	ore than 3	3,300
if yes, did you monitor every four hours			Did continuous monitoring equipment fail at any time this			Date continues monitoring
until the residual returned to mg/L?			reporting month? Yes XNo			equipment failed / /
Attach those results and submit them with this			If yes, were grab samples collected every four hours until the			
form			continuous monitoring equipment was returned to service Yes No attach grab sample results and submit them with this form.			Date it was returned to service:
					m	, ,
Printed Name: Daniel L Wilson			Title: Water Treatment Superintendent		C	Operator Certification #: 08150
Signature: Lawflield			Phone #: (503) 537-1239			OR Small Groundwater System
Date:	05/03/202	1				Za. Croananator Cyclom