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	01/2022	Entry Point:	WTP-A	Required	d Minimum Chlorine Residual 0.20 mg/L	
Date	Time	Sources(Lowest free chlorine residual at entry point to distribution system (mg/L)		Notes	
1	08:00	Well Field		0.82			
2	08:00	"		0.65			
3	08:00	"		0.79			
4	08:00	"		0.49			
5	08:00	"		0.49			
6	08:00	"		0.42			
7	08:00	"		0.28			
8	08:00	"		0.34			
9	08:00	"		1.04			
10	08:00	"		1.14			
11	08:00	"		0.95			
12	08:00	"		0.93			
13	08:00	"		0.53			
14	08:00	II .		0.53			
15	08:00	"		0.34			
16	08:00	"		0.71			
17	08:00	п		0.81			
18	08:00	II .		0.77			
19	08:00	II .		0.77			
20	08:00	"		0.78			
21	08:00	II .		0.53			
22	08:00	II .		0.92			
23	08:00	II .		0.81			
24	08:00	п		0.99			
25	08:00	"		0.52			
26	08:00	"		0.81			
27	08:00	II .		0.76			
28	08:00	"		0.60			
29	08:00	"		0.80			
30	08:00	"		0.71			
31	08:00	"		0.68			
	orine residu	al ever less than the request period until the requ			X	lo	
GWS	S Serving	3,300 or Fewer	GWS Serving More than 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 X No		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.		ce	Date it was returned to service:	
					n. <u>-</u>	<u> </u>	
Printed Name: Daniel L Wilson			Title: Water Treatment Superintendent			Operator Certification #: 08150	
Signature:	Ken	y plul L	Phone #: (503) 537-1239			OR Small Groundwater System	
Date:	02/01/2022	2					