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	02/2022	Entry Point:	WTP-A	Required Minimum Ch	orine 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		0.84			
2	08:00	"		1.00			
3	08:00	"		1.06			
4	08:00	"		0.91			
5	08:00	"		0.52			
6	08:00	"		0.53			
7	08:00	"		0.76			
8	08:00	"		0.40			
9	08:00	"		0.42			
10	08:00	"		0.88			
11	08:00	"		0.79			
12	08:00	"		0.60			
13	08:00	"		0.52			
14	08:00	"		0.35			
15	08:00	"		0.54			
16	08:00	"		1.05			
17	08:00	"		1.14			
18	08:00			1.05			
19	08:00	"		0.71			
20	08:00	"		0.95			
21	08:00	"		0.80			
22	08:00	"		0.77			
23	08:00	"		0.72			
24	08:00	"		0.62			
25	08:00	"		0.45			
26	08:00	"		0.74			
27	08:00	<u> "</u>		0.77			
28	08:00	"		1.19			
29							
30							
31				<u> </u>			
		al ever less than the requ gest period until the requ			X No		
		3,300 or Fewer	1	GWS Serving Mo	re than 3.300		
if yes, did you monitor every four hours			Did continuous mon	itoring equipment fail at any time this	i	ate continues monitoring	
until the residual returned to mg/L?			reporting month? Yes XNo			quipment failed	
Attach those results and submit them with this			If yes, were grab samples collected every four hours until the		ne		
form			continuous monitoring equipment was returned to service Yes No			Pate it was returned to ervice:	
			attach grab sample results and submit them with this form.		.	,	
Printed Name: Daniel L Wilson			Title: Water Treatment Superintendent		Operator Cert	ification #: 08150	
Signature:	Kart	JUN L	Phone #: (503) 537-1239			OR Small Groundwater System	
Date: 03/01/2022							