## 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	03/2022	Entry Point:	WTP-A	Required Minimum Chlorine Residual 0.20 mg/L	
Date	Time	Sources(		Lowest free chlorine residual at entry point to	Notes	
1	00.00	Well Field		distribution system (mg/L) 0.70		
2	08:00	well Fleid		0.84		
3	08:00	II .		0.83		
4	08:00	"		0.74		
5	08:00	"		0.74		
6	08:00	"		0.67		
7	08:00	"		0.67		
8	08:00	ıı .		0.78		
9	08:00	"		0.95		
10	08:00	ıı .		0.94		
11	08:00	ıı .		0.56		
12	08:00	II .		0.92		
13	08:00	ıı .		0.93		
14	08:00	II .		1.10		
15	08:00	ıı .		0.93		
16	08:00	II .		1.00		
17	08:00	II .		0.91		
18	08:00	II .		0.63		
19	08:00	II .		0.76		
20	08:00	II .		0.78		
21	08:00	"		0.78		
22	08:00	"		0.66		
23	08:00	"		0.57		
24	08:00	"		0.38		
25	08:00	"		0.90		
26	08:00	"		0.81		
27	08:00	"		0.87		
28	08:00	"		0.92		
29	08:00	"		0.96		
30	08:00	"		1.12		
31	08:00	"		1.06		
Was the chlorine residual ever less than the required minimum residual of 0.20 mg/L? Yes  If yes, what was the longest period until the required level was restored? hours						
GWS	S Serving 3	3,300 or Fewer		GWS Serving M	ore than 3,300	
if yes, did you monitor every four hours			Did continuous mon	itoring 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 sai	mples collected every four hours until	the	
form			continuous monitoring equipment was returned to service			
			attach grab sample	results and submit them with this forr	m.   ' '	
Printed Nar	me: Daniel	L Wilson	Title: Water	Treatment Superintendent	Operator Certification #: 5076	
Signature:	- Kart	JUN L	Phone #: (50	03) 537-1239	OR Small Groundwater System	
Date:	04/01/2022	2			<u> </u>	