

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

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| System Name: | Newberg City of | PWS ID# 41 00557 |
| Month/Year | 08/2022 | 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 | 1.21 | |
| 2 | 08:00 | " | 0.88 | |
| 3 | 08:00 | " | 0.68 | |
| 4 | 08:00 | " | 0.65 | |
| 5 | 08:00 | " | 0.99 | |
| 6 | 08:00 | " | 0.81 | |
| 7 | 08:00 | " | 0.82 | |
| 8 | 08:00 | " | 0.79 | |
| 9 | 08:00 | " | 0.41 | |
| 10 | 08:00 | " | 0.47 | |
| 11 | 08:00 | " | 0.70 | |
| 12 | 08:00 | " | 0.82 | |
| 13 | 08:00 | " | 0.69 | |
| 14 | 08:00 | " | 0.77 | |
| 15 | 08:00 | " | 0.84 | |
| 16 | 08:00 | " | 0.81 | |
| 17 | 08:00 | " | 0.85 | |
| 18 | 08:00 | " | 0.67 | |
| 19 | 08:00 | " | 0.66 | |
| 20 | 08:00 | " | 1.08 | |
| 21 | 08:00 | " | 0.91 | |
| 22 | 08:00 | " | 0.88 | |
| 23 | 08:00 | " | 0.89 | |
| 24 | 08:00 | " | 0.90 | |
| 25 | 08:00 | " | 0.77 | |
| 26 | 08:00 | " | 0.79 | |
| 27 | 08:00 | " | 0.80 | |
| 28 | 08:00 | " | 0.95 | |
| 29 | 08:00 | " | 0.74 | |
| 30 | 08:00 | " | 0.79 | |
| 31 | 08:00 | " | 1.01 | |

Was the chlorine residual ever less than the required minimum residual of 0.20 mg/L? Yes No
 If yes, what was the longest period until the required level was restored? _____ hours

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|---|---|
| <p>GWS Serving 3,300 or Fewer</p> <p>if yes, did you monitor every four hours until the residual returned to _____ mg/L?</p> <p><i>Attach those results and submit them with this form</i></p> | <p style="text-align: center;">GWS Serving More than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Date continues monitoring equipment failed / /</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date it was returned to service: / /</p> <p><i>attach grab sample results and submit them with this form.</i></p> |
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| Printed Name: Daniel L Wilson Signature: _____ Date: 09/01/2022 | Title: Water Treatment Superintendent Phone #: (503) 537-1239 | Operator Certification #: 5076 OR Small Groundwater System <input type="checkbox"/> |
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