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

System Name: Newberg City of   PWS ID# 41 00557

Month/Year   12/2022   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	1.05	
2	08:00	"	0.59	
3	08:00	"	0.72	
4	08:00	"	1.17	
5	08:00	"	1.23	
6	08:00	"	0.84	
7	08:00	"	0.76	
8	08:00	"	0.68	
9	08:00	"	0.55	
10	08:00	"	0.66	
11	08:00	"	0.85	
12	08:00	"	1.04	
13	08:00	"	0.79	
14	08:00	"	1.00	
15	08:00	"	0.73	
16	08:00	"	0.66	
17	08:00	"	0.58	
18	08:00	"	0.75	
19	08:00	"	0.79	
20	08:00	"	0.85	
21	08:00	"	0.99	
22	08:00	"	0.94	
23	08:00	"	0.79	
24	08:00	"	0.93	
25	08:00	"	1.07	
26	08:00	"	0.85	
27	08:00	"	1.01	
28	08:00	"	0.63	
29	08:00	"	0.66	
30	08:00	"	0.73	
31	08:00	"	0.59	

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

GWS Serving 3,300 or Fewer	**GWS Serving More than 3,300**	
if yes, did you monitor every four hours until the residual returned to _____ mg/L? *Attach those results and submit them with this form*	Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☒ No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service ☐ Yes ☐ No *attach grab sample results and submit them with this form.*	Date continues monitoring equipment failed / / Date it was returned to service: / /

Printed Name: Pavil Snegirev   Title: Senior Operator   Operator Certification #: 08150

Signature: _____   Phone #: (503) 554-6839   OR
                                                                                Small Groundwater System ☐

Date: 01/03/2023