

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

System Name:	Newberg City of	PWS ID# 41 00557
Month/Year	05/2023	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	1.06	
2	08:00	"	0.77	
3	08:00	"	0.75	
4	08:00	"	0.61	
5	08:00	"	0.47	
6	08:00	"	0.73	
7	08:00	"	0.70	
8	08:00	"	0.97	
9	08:00	"	0.72	
10	08:00	"	0.76	
11	08:00	"	0.57	
12	08:00	"	0.49	
13	08:00	"	0.67	
14	08:00	"	0.85	
15	08:00	"	0.59	
16	08:00	"	0.49	
17	08:00	"	0.67	
18	08:00	"	0.45	
19	08:00	"	0.64	
20	08:00	"	0.65	
21	08:00	"	0.73	
22	08:00	"	0.51	
23	08:00	"	0.57	
24	08:00	"	0.64	
25	08:00	"	0.59	
26	08:00	"	0.58	
27	08:00	"	0.87	
28	08:00	"	0.95	
29	08:00	"	0.97	
30	08:00	"	0.93	
31	08:00	"	0.97	

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

<p>GWS Serving 3,300 or Fewer if yes, did you monitor every four hours until the residual returned to _____ mg/L? <i>Attach those results and submit them with this form</i></p>	<p>GWS Serving More than 3,300 Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 <i>attach grab sample results and submit them with this form.</i></p>	<p>Date continues monitoring equipment failed / / Date it was returned to service: / /</p>
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Printed Name: Daniel L Wilson Signature: _____ Date: 06/01/2023	Title: Water Treatment Superintendent Phone #: (503) 537-1239	Operator Certification #: 5076 OR Small Groundwater System <input type="checkbox"/>
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