State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

System Name: Newberg City of PWS ID# 41 00557

Month/Year 09/2023 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	0.77	
2	08:00	"	0.90	
3	08:00	"	0.67	
4	08:00	"	0.73	
5	08:00	"	0.93	
6	08:00	"	0.50	
7	08:00	"	1.24	
8	08:00	"	0.77	
9	08:00	"	0.72	
10	08:00	"	0.69	
11	08:00	"	0.56	
12	08:00	"	0.82	
13	08:00	"	0.86	
14	08:00	"	1.18	
15	08:00	"	0.84	
16	08:00	"	1.25	
17	08:00	"	1.16	
18	08:00	"	0.76	
19	08:00	"	0.80	
20	08:00	"	0.66	
21	08:00	"	0.81	
22	08:00	"	0.77	
23	08:00	"	1.17	
24	08:00	"	1.24	
25	08:00	"	1.06	
26	08:00	"	0.63	
27	08:00	"	0.49	
28	08:00	"	0.89	
29	08:00	"	0.84	
30	08:00	"	0.86	
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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

if yes, did you monitor every four hours until the residual returned to mg/L?

Attach those results and submit them with this form

GWS Serving More than 3,300

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: Daniel L Wilson Title: Water Treatment Superintendent

Signature: _____ Phone #: (503) 537-1239

Date: 10/02/2023

Operator Certification #: 5076

OR

Small Groundwater System ☐