

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

System Name:	Newberg City of	PWS ID# 41 00557
Month/Year	12/2023	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	0.78	
2	08:00	"	0.78	
3	08:00	"	0.81	
4	08:00	"	0.56	
5	08:00	"	0.50	
6	08:00	"	0.92	
7	08:00	"	0.86	
8	08:00	"	0.79	
9	08:00	"	0.50	
10	08:00	"	0.90	
11	08:00	"	0.76	
12	08:00	"	0.75	
13	08:00	"	1.16	
14	08:00	"	1.09	
15	08:00	"	0.39	
16	08:00	"	0.72	
17	08:00	"	0.61	
18	08:00	"	0.67	
19	08:00	"	0.63	
20	08:00	"	1.35	
21	08:00	"	0.73	
22	08:00	"	0.78	
23	08:00	"	0.80	
24	08:00	"	0.82	
25	08:00	"	0.85	
26	08:00	"	0.94	
27	08:00	"	0.97	
28	08:00	"	0.89	
29	08:00	"	0.63	
30	08:00	"	0.67	
31	08:00	"	0.62	

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</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>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>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><i>attach grab sample results and submit them with this form.</i></p>	<p>Date continues monitoring equipment failed / /</p> <p>Date it was returned to service: / /</p>
---	---	---

Printed Name: Daniel L Wilson Signature: _____ Date: 01/03/2024	Title: Water Treatment Superintendent Phone #: (503) 537-1239	Operator Certification #: 5076 OR Small Groundwater System <input type="checkbox"/>
---	--	---