

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

System Name:	Newberg City of	PWS ID# 41 00557
Month/Year	04/2024	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	0.60	
2	08:00	"	0.68	
3	08:00	"	0.59	
4	08:00	"	0.81	
5	08:00	"	0.75	
6	08:00	"	0.58	
7	08:00	"	0.86	
8	08:00	"	1.23	
9	08:00	"	1.22	
10	08:00	"	0.86	
11	08:00	"	0.80	
12	08:00	"	0.56	
13	08:00	"	0.76	
14	08:00	"	1.07	
15	08:00	"	1.39	
16	08:00	"	0.75	
17	08:00	"	0.80	
18	08:00	"	0.73	
19	08:00	"	0.46	
20	08:00	"	0.66	
21	08:00	"	0.75	
22	08:00	"	0.65	
23	08:00	"	0.53	
24	08:00	"	0.88	
25	08:00	"	1.05	
26	08:00	"	0.68	
27	08:00	"	0.66	
28	08:00	"	1.17	
29	08:00	"	1.10	
30	08:00	"	0.83	
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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

<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>
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Printed Name: Daniel L Wilson Signature: _____ Date: 05/02/2024	Title: Water Treatment Superintendent Phone #: (503) 537-1239	Operator Certification #: 5076 OR Small Groundwater System <input type="checkbox"/>
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