

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

System Name:	Newberg City of	PWS ID# 41 00557
Month/Year	07/2024	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	"	0.66	
3	08:00	"	0.50	
4	08:00	"	0.52	
5	08:00	"	0.49	
6	08:00	"	0.49	
7	08:00	"	0.48	
8	08:00	"	0.44	
9	08:00	"	0.54	
10	08:00	"	0.50	
11	08:00	"	0.52	
12	08:00	"	0.54	
13	08:00	"	0.60	
14	08:00	"	0.71	
15	08:00	"	0.71	
16	08:00	"	0.51	
17	08:00	"	0.54	
18	08:00	"	0.53	
19	08:00	"	0.57	
20	08:00	"	0.79	
21	08:00	"	0.75	
22	08:00	"	0.94	
23	08:00	"	0.62	
24	08:00	"	0.75	
25	08:00	"	0.71	
26	08:00	"	0.30	
27	08:00	"	0.72	
28	08:00	"	0.29	
29	08:00	"	0.32	
30	08:00	"	0.34	
31	08:00	"	0.93	

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? Attach those results and submit them with this form</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 attach grab sample results and submit them with this form.</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: 08/01/2024	Title: Water Treatment Superintendent Phone #: (503) 537-1239	Operator Certification #: 5076 OR Small Groundwater System <input type="checkbox"/>
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