

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

System Name:	Newberg City of	PWS ID# 41 00557
Month/Year	12/2024	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	0.79	
2	08:00	"	0.78	
3	08:00	"	0.76	
4	08:00	"	0.79	
5	08:00	"	0.59	
6	08:00	"	0.76	
7	08:00	"	0.72	
8	08:00	"	1.01	
9	08:00	"	0.66	
10	08:00	"	0.80	
11	08:00	"	1.06	
12	08:00	"	1.25	
13	08:00	"	0.90	
14	08:00	"	1.01	
15	08:00	"	1.11	
16	08:00	"	1.01	
17	08:00	"	1.04	
18	08:00	"	1.17	
19	08:00	"	1.12	
20	08:00	"	0.83	
21	08:00	"	1.05	
22	08:00	"	0.91	
23	08:00	"	0.98	
24	08:00	"	0.99	
25	08:00	"	1.07	
26	08:00	"	1.25	
27	08:00	"	1.07	
28	08:00	"	0.70	
29	08:00	"	0.61	
30	08:00	"	0.69	
31	08:00	"	1.19	

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: Jon Hodgkins Signature: <u>Jon Hodgkins</u> Date: 01/02/2024	Title: Operations Supervisor Phone #: (503) 593-6723	Operator Certification #: 09290 OR Small Groundwater System <input type="checkbox"/>
--	---	--