

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

System Name:	Newberg City of	PWS ID# 41 00557
Month/Year	03/2025	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	0.57	
2	08:00	"	1.21	
3	08:00	"	1.01	
4	08:00	"	1.16	
5	08:00	"	0.65	
6	08:00	"	0.62	
7	08:00	"	0.41	
8	08:00	"	1.11	
9	08:00	"	1.34	
10	08:00	"	1.37	
11	08:00	"	1.41	
12	08:00	"	1.45	
13	08:00	"	1.37	
14	08:00	"	0.68	
15	08:00	"	0.72	
16	08:00	"	0.93	
17	08:00	"	1.03	
18	08:00	"	1.23	
19	08:00	"	1.31	
20	08:00	"	1.15	
21	08:00	"	1.08	
22	08:00	"	0.63	
23	08:00	"	0.85	
24	08:00	"	0.77	
25	08:00	"	0.91	
26	08:00	"	0.84	
27	08:00	"	0.52	
28	08:00	"	0.75	
29	08:00		0.77	
30	08:00		0.93	
31	08:00		0.91	

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> <div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> <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> </div> <div style="width: 30%; border-left: 1px solid black; padding-left: 10px;"> <p>Date continues monitoring equipment failed / /</p> <p>Date it was returned to service: / /</p> </div> </div>
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Printed Name: Jon Hodgkins Signature: <u>Jon Hodgkins</u> Date: 04/01/2024	Title: Operations Supervisor Phone #: (503) 593-6723	Operator Certification #: 09290 OR Small Groundwater System <input type="checkbox"/>
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