State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

System Name: Newberg City of PWS ID# 41 00557

Month/Year 08/2025 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	"	0.67	
3	08:00	"	0.83	
4	08:00	"	0.84	
5	08:00	"	0.71	
6	08:00	"	0.78	
7	08:00	"	1.07	
8	08:00	"	0.68	
9	08:00	"	0.71	
10	08:00	"	1.16	
11	08:00	"	1.19	
12	08:00	"	1.18	
13	08:00	"	0.92	
14	08:00	"	0.59	
15	08:00	"	0.75	
16	08:00	"	0.59	
17	08:00	"	0.51	
18	08:00	"	1.14	
19	08:00	"	1.11	
20	08:00	"	0.90	
21	08:00	"	0.89	
22	08:00	"	0.96	
23	08:00	"	0.89	
24	08:00	"	0.89	
25	08:00	"	0.55	
26	08:00	"	0.60	
27	08:00	"	0.42	
28	08:00	"	0.79	
29	08:00	"	0.71	
30	08:00	"	0.89	
31	08:00	"	0.80	

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

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

GWS Serving More than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☒ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service ☐ Yes ☐ No

attach grab sample results and submit them with this form.

Date continues monitoring equipment failed / /

Date it was returned to service: / /

Printed Name: Jon Hodgkins Title: Operations Supervisor

Signature: Jon Hodgkins Phone #: (503) 593-6723

Date: 09/03/2025

Operator Certification #: 09290

OR

Small Groundwater System ☐