

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

System Name: Newberg City of			PWS ID# 41 00557
Month/Year	10/2025	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)
1	08:00	Well Field	0.95
2	08:00	"	0.92
3	08:00	"	1.23
4	08:00	"	0.97
5	08:00	"	1.23
6	08:00	"	1.22
7	08:00	"	0.88
8	08:00	"	0.98
9	08:00	"	0.79
10	08:00	"	0.99
11	08:00	"	0.99
12	08:00	"	1.11
13	08:00	"	1.32
14	08:00	"	0.95
15	08:00	"	1.02
16	08:00	"	0.93
17	08:00	"	0.63
18	08:00	"	0.81
19	08:00	"	0.61
20	08:00	"	0.63
21	08:00	"	0.70
22	08:00	"	0.94
23	08:00	"	0.99
24	08:00	"	0.60
25	08:00	"	0.71
26	08:00	"	0.72
27	08:00	"	0.76
28	08:00	"	0.84
29	08:00	"	0.92
30	08:00	"	0.69
31	08:00	"	0.83

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

<b>GWS Serving 3,300 or Fewer</b> if yes, did you monitor every four hours until the residual returned to mg/L?	<b>GWS Serving More than 3,300</b> Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date continues monitoring equipment failed / /
Attach those results and submit them with this form	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	Date it was returned to service: / /
attach grab sample results and submit them with this form.		

Printed Name: Jon Hodgkins Signature: <u>Jon Hodgkins</u> Date: 11/03/2025	Title: Operations Supervisor Phone #: (503) 593-6723	Operator Certification #: 09290 OR Small Groundwater System <input type="checkbox"/>
--	---	--