

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

System Name: Newberg City of			PWS ID# 41 00557
Month/Year	11/2025	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	0.68
2	08:00	"	1.18
3	08:00	"	0.95
4	08:00	"	0.91
5	08:00	"	0.87
6	08:00	"	0.72
7	08:00	"	0.72
8	08:00	"	0.86
9	08:00	"	0.74
10	08:00	"	0.86
11	08:00	"	1.00
12	08:00	"	1.00
13	08:00	"	1.01
14	08:00	"	0.74
15	08:00	"	0.68
16	08:00	"	0.91
17	08:00	"	1.02
18	08:00	"	1.10
19	08:00	"	1.28
20	08:00	"	0.90
21	08:00	"	0.80
22	08:00	"	1.00
23	08:00	"	0.91
24	08:00	"	0.88
25	08:00	"	0.89
26	08:00	"	0.72
27	08:00	"	1.08
28	08:00	"	1.19
29	08:00	"	1.26
30	08:00	"	1.34

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?	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	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: 12/01/2025	Title: Operations Supervisor Phone #: (503) 593-6723	Operator Certification #: 09290 OR Small Groundwater System <input type="checkbox"/>
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