

System Name:	Newberg City of	PWS ID# 41 00557
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Date	Time	Sources(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	08:00	Well Field	0.68	
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	

GWS Serving 3,300 or Fewer		GWS Serving More than 3,300	
<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>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 continuous monitoring equipment failed / /</p> <p>Date it was returned to service: / /</p>	

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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