

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

System Name **Newberg-Springs, City of**

PWS ID# **4 1 01518**

Month/Year **02/2021**

Entry Point: **EP-B (Snider)**

Required Minimum Residual **0.14 mg/L**

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	8:00 A	Snider Spring	1.79	
2	8:00 A	Snider Spring	1.81	
3	8:00 A	Snider Spring	1.78	
4	8:00 A	Snider Spring	1.73	
5	8:00 A	Snider Spring	1.67	
6	8:00 A	Snider Spring	1.72	
7	8:00 A	Snider Spring	1.83	
8	8:00 A	Snider Spring	1.87	
9	8:00 A	Snider Spring	1.68	
10	8:00 A	Snider Spring	1.77	
11	8:00 A	Snider Spring	1.91	
12	8:00 A	Snider Spring	1.85	
13	8:00 A	Snider Spring	1.98	
14	8:00 A	Snider Spring	1.91	
15	8:00 A	Snider Spring	1.90	
16	8:00 A	Snider Spring	1.61	
17	8:00 A	Snider Spring	1.54	
18	8:00 A	Snider Spring	1.45	
19	8:00 A	Snider Spring	1.47	
20	8:00 A	Snider Spring	1.31	
21	8:00 A	Snider Spring	1.36	
22	8:00 A	Snider Spring	1.31	
23	8:00 A	Snider Spring	1.24	
24	8:00 A	Snider Spring	1.15	
25	8:00 A	Snider Spring	1.24	
26	8:00 A	Snider Spring	1.41	
27	8:00 A	Snider Spring	1.25	
28	8:00 A	Snider Spring	1.08	
29				
30				
31				

Was the chlorine residual ever less than the required minimum residual of 0.14 mg/L? Yes No

If yes, what was the longest time period until the required level was restored? _____ hours – If > 4 hours, Drinking Water Program to be notified by end of next business day.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? Yes No

Attach those results and submit them with this form. **N/A**

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? Yes No **N/A**

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No **N/A**
Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /

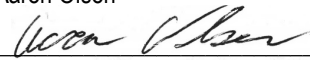
Date it was returned to service:

/ /

Printed Name: Aaron Olson

Title: DRC

Operator Certification #: T-09128, D-08773

Signature: 

Phone #: (503) 554-8333

OR

Date: 03 / 06 / 2021

Small Groundwater System