

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 06/2021

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	1.71	
2	8:00 A	Snider Spring	1.66	
3	8:00 A	Snider Spring	1.67	
4	8:00 A	Snider Spring	1.69	
5	8:00 A	Snider Spring	1.49	
6	8:00 A	Snider Spring	1.52	
7	8:00 A	Snider Spring	1.43	
8	8:00 A	Snider Spring	1.67	
9	8:00 A	Snider Spring	1.51	
10	8:00 A	Snider Spring	1.58	
11	8:00 A	Snider Spring	1.51	
12	8:00 A	Snider Spring	1.45	
13	8:00 A	Snider Spring	1.34	
14	8:00 A	Snider Spring	1.32	
15	8:00 A	Snider Spring	1.30	
16	8:00 A	Snider Spring	1.13	
17	8:00 A	Snider Spring	1.49	
18	8:00 A	Snider Spring	1.09	
19	8:00 A	Snider Spring	1.15	
20	8:00 A	Snider Spring	0.71	
21	8:00 A	Snider Spring	0.81	
22	8:00 A	Snider Spring	1.10	
23	8:00 A	Snider Spring	1.44	
24	8:00 A	Snider Spring	1.45	
25	8:00 A	Snider Spring	1.08	
26	8:00 A	Snider Spring	1.49	
27	8:00 A	Snider Spring	1.44	
28	8:00 A	Snider Spring	1.58	
29	8:00 A	Snider Spring	1.58	
30	8:00 A	Snider Spring	0.99	
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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?
notified by end of next business day.

hours – If > 4 hours, Drinking Water Program to be

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: 07 / 06 / 2021

Small Groundwater System ☐

December 19, 2012