

**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 **08/2021**

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	1.00	
2	8:00 A	Snider Spring	1.16	
3	8:00 A	Snider Spring	1.18	
4	8:00 A	Snider Spring	1.09	
5	8:00 A	Snider Spring	1.17	
6	8:00 A	Snider Spring	1.04	
7	8:00 A	Snider Spring	0.86	
8	8:00 A	Snider Spring	0.99	
9	8:00 A	Snider Spring	0.53	
10	8:00 A	Snider Spring	0.62	
11	8:00 A	Snider Spring	0.97	
12	8:00 A	Snider Spring	0.42	
13	8:00 A	Snider Spring	0.39	
14	8:00 A	Snider Spring	0.55	
15	8:00 A	Snider Spring	0.68	
16	8:00 A	Snider Spring	0.56	
17	8:00 A	Snider Spring	0.60	
18	8:00 A	Snider Spring	0.72	
19	8:00 A	Snider Spring	0.59	
20	8:00 A	Snider Spring	0.83	
21	8:00 A	Snider Spring	0.67	
22	8:00 A	Snider Spring	1.16	
23	8:00 A	Snider Spring	0.55	
24	8:00 A	Snider Spring	0.36	
25	8:00 A	Snider Spring	0.57	
26	8:00 A	Snider Spring	0.23	
27	8:00 A	Snider Spring	0.35	
28	8:00 A	Snider Spring	0.31	
29	8:00 A	Snider Spring	0.35	
30	8:00 A	Snider Spring	0.49	
31	8:00 A	Snider Spring	0.21	

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:

/ /

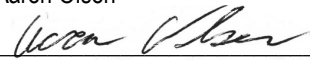
Date it was returned to service:

/ /

Printed Name: Aaron Olson

Title: DRC

Operator Certification #: T-09128, D-08773

Signature: 

Phone #: (503) 554-8333

OR

Date: 09 / 07 / 2021

Small Groundwater System