

**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 **12/2021**

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	1.39	
2	8:00 A	Snider Spring	1.42	
3	8:00 A	Snider Spring	1.45	
4	8:00 A	Snider Spring	1.40	
5	8:00 A	Snider Spring	1.50	
6	8:00 A	Snider Spring	1.40	
7	8:00 A	Snider Spring	1.31	
8	8:00 A	Snider Spring	1.46	
9	8:00 A	Snider Spring	1.17	
10	8:00 A	Snider Spring	0.94	
11	8:00 A	Snider Spring	0.61	
12	8:00 A	Snider Spring	0.71	
13	8:00 A	Snider Spring	1.29	
14	8:00 A	Snider Spring	1.16	
15	8:00 A	Snider Spring	1.26	
16	8:00 A	Snider Spring	1.28	
17	8:00 A	Snider Spring	1.30	
18	8:00 A	Snider Spring	1.34	
19	8:00 A	Snider Spring	0.94	
20	8:00 A	Snider Spring	1.01	
21	8:00 A	Snider Spring	1.06	
22	8:00 A	Snider Spring	1.11	
23	8:00 A	Snider Spring	1.65	
24	8:00 A	Snider Spring	1.30	
25	8:00 A	Snider Spring	1.30	
26	8:00 A	Snider Spring	1.26	
27	8:00 A	Snider Spring	1.26	
28	8:00 A	Snider Spring	1.21	
29	8:00 A	Snider Spring	1.22	
30	8:00 A	Snider Spring	1.60	
31	8:00 A	Snider Spring	1.38	

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:

/ /

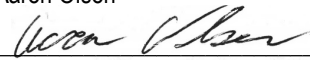
Date it was returned to service:

/ /

Printed Name: Aaron Olson

Title: DRC

Operator Certification #: T-09128, D-08773

Signature: 

Phone #: (503) 554-8333

OR

Date: 01 / 04 / 2022

Small Groundwater System