

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 03/2022

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 | 1.26 | |
| 2 | 8:00 A | Snider Spring | 1.42 | |
| 3 | 8:00 A | Snider Spring | 1.87 | |
| 4 | 8:00 A | Snider Spring | 1.90 | |
| 5 | 8:00 A | Snider Spring | 1.43 | |
| 6 | 8:00 A | Snider Spring | 1.41 | |
| 7 | 8:00 A | Snider Spring | 1.44 | |
| 8 | 8:00 A | Snider Spring | 1.52 | |
| 9 | 8:00 A | Snider Spring | 1.59 | |
| 10 | 8:00 A | Snider Spring | 1.67 | |
| 11 | 8:00 A | Snider Spring | 1.47 | |
| 12 | 8:00 A | Snider Spring | 1.59 | |
| 13 | 8:00 A | Snider Spring | 1.66 | |
| 14 | 8:00 A | Snider Spring | 1.64 | |
| 15 | 8:00 A | Snider Spring | 1.51 | |
| 16 | 8:00 A | Snider Spring | 1.74 | |
| 17 | 8:00 A | Snider Spring | 1.60 | |
| 18 | 8:00 A | Snider Spring | 1.58 | |
| 19 | 8:00 A | Snider Spring | 1.57 | |
| 20 | 8:00 A | Snider Spring | 1.49 | |
| 21 | 8:00 A | Snider Spring | 1.68 | |
| 22 | 8:00 A | Snider Spring | 1.63 | |
| 23 | 8:00 A | Snider Spring | 1.56 | |
| 24 | 8:00 A | Snider Spring | 1.55 | |
| 25 | 8:00 A | Snider Spring | 1.57 | |
| 26 | 8:00 A | Snider Spring | 1.54 | |
| 27 | 8:00 A | Snider Spring | 1.56 | |
| 28 | 8:00 A | Snider Spring | 1.53 | |
| 29 | 8:00 A | Snider Spring | 1.54 | |
| 30 | 8:00 A | Snider Spring | 1.72 | |
| 31 | 8:00 A | Snider Spring | 1.90 | |

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: 04 / 06 / 2022

Small Groundwater System ☐