

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 04/2022

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	1.85	
2	8:00 A	Snider Spring	1.49	
3	8:00 A	Snider Spring	0.89	
4	8:00 A	Snider Spring	0.62	
5	8:00 A	Snider Spring	0.59	
6	8:00 A	Snider Spring	0.53	
7	8:00 A	Snider Spring	1.05	
8	8:00 A	Snider Spring	1.31	
9	8:00 A	Snider Spring	1.60	
10	8:00 A	Snider Spring	1.65	
11	8:00 A	Snider Spring	1.78	
12	8:00 A	Snider Spring	1.43	
13	8:00 A	Snider Spring	1.07	
14	8:00 A	Snider Spring	1.11	
15	8:00 A	Snider Spring	1.04	
16	8:00 A	Snider Spring	1.06	
17	8:00 A	Snider Spring	1.03	
18	8:00 A	Snider Spring	1.07	
19	8:00 A	Snider Spring	1.03	
20	8:00 A	Snider Spring	1.05	
21	8:00 A	Snider Spring	1.12	
22	8:00 A	Snider Spring	1.18	
23	8:00 A	Snider Spring	1.20	
24	8:00 A	Snider Spring	1.10	
25	8:00 A	Snider Spring	0.84	
26	8:00 A	Snider Spring	0.56	
27	8:00 A	Snider Spring	0.30	
28	8:00 A	Snider Spring	0.29	
29	8:00 A	Snider Spring	0.33	
30	8:00 A	Snider Spring	0.35	
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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:

/ /

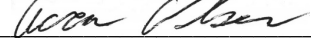
Date it was returned to service:

/ /

Printed Name: Aaron Olson

Title: DRC

Operator Certification #: T-09128, D-08773

Signature: 

Phone #: (503) 554-8333

OR

Date: 05 / 04 / 2022

Small Groundwater System ☐

December 19, 2012