

**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 **08/2022**

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	0.74	
2	8:00 A	Snider Spring	0.93	
3	8:00 A	Snider Spring	0.46	
4	8:00 A	Snider Spring	0.45	
5	8:00 A	Snider Spring	0.95	
6	8:00 A	Snider Spring	1.39	
7	8:00 A	Snider Spring	0.44	
8	8:00 A	Snider Spring	0.43	
9	8:00 A	Snider Spring	0.45	
10	8:00 A	Snider Spring	0.42	
11	8:00 A	Snider Spring	0.43	
12	8:00 A	Snider Spring	0.48	
13	8:00 A	Snider Spring	0.57	
14	8:00 A	Snider Spring	0.47	
15	8:00 A	Snider Spring	0.44	
16	8:00 A	Snider Spring	0.52	
17	8:00 A	Snider Spring	0.67	
18	8:00 A	Snider Spring	0.47	
19	8:00 A	Snider Spring	0.52	
20	8:00 A	Snider Spring	0.54	
21	8:00 A	Snider Spring	0.57	
22	8:00 A	Snider Spring	0.78	
23	8:00 A	Snider Spring	0.78	
24	8:00 A	Snider Spring	1.21	
25	8:00 A	Snider Spring	1.21	
26	8:00 A	Snider Spring	1.20	
27	8:00 A	Snider Spring	1.21	
28	8:00 A	Snider Spring	1.19	
29	8:00 A	Snider Spring	1.21	
30	8:00 A	Snider Spring	1.22	
31	8:00 A	Snider Spring	1.18	

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 / 08 / 2022

Small Groundwater System