

**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 **09/2022**

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 | 1.21 | |
| 2 | 8:00 A | Snider Spring | 1.21 | |
| 3 | 8:00 A | Snider Spring | 1.20 | |
| 4 | 8:00 A | Snider Spring | 1.22 | |
| 5 | 8:00 A | Snider Spring | 1.21 | |
| 6 | 8:00 A | Snider Spring | 1.21 | |
| 7 | 8:00 A | Snider Spring | 1.23 | |
| 8 | 8:00 A | Snider Spring | 1.21 | |
| 9 | 8:00 A | Snider Spring | 1.20 | |
| 10 | 8:00 A | Snider Spring | 1.20 | |
| 11 | 8:00 A | Snider Spring | 1.19 | |
| 12 | 8:00 A | Snider Spring | 1.24 | |
| 13 | 8:00 A | Snider Spring | 1.20 | |
| 14 | 8:00 A | Snider Spring | 1.18 | |
| 15 | 8:00 A | Snider Spring | 1.48 | |
| 16 | 8:00 A | Snider Spring | 1.65 | |
| 17 | 8:00 A | Snider Spring | 1.12 | |
| 18 | 8:00 A | Snider Spring | 1.33 | |
| 19 | 8:00 A | Snider Spring | 1.56 | |
| 20 | 8:00 A | Snider Spring | 1.84 | |
| 21 | 8:00 A | Snider Spring | 1.73 | |
| 22 | 8:00 A | Snider Spring | 1.75 | |
| 23 | 8:00 A | Snider Spring | 1.71 | |
| 24 | 8:00 A | Snider Spring | 1.68 | |
| 25 | 8:00 A | Snider Spring | 1.70 | |
| 26 | 8:00 A | Snider Spring | 1.74 | |
| 27 | 8:00 A | Snider Spring | 1.79 | |
| 28 | 8:00 A | Snider Spring | 1.69 | |
| 29 | 8:00 A | Snider Spring | 1.02 | |
| 30 | 8:00 A | Snider Spring | 1.09 | |
| 31 | | | | |

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: 10 / 08 / 2022

Small Groundwater System