

**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name Scrauel Hill WATER PWS ID# 4100018
 Month/Year 2 1 22 Entry Point: Scrauel Hill Pump Required Minimum Residual .3 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	8:30		3.8	
2			3.8	
3			3.9	
4			3.8	
5			3.7	
6			3.7	
7			3.7	
8			3.6	
9			3.5	
10			3.5	
11			3.6	
12			3.6	
13			3.7	
14			3.7	
15			3.8	
16			3.8	
17			3.7	
18			3.7	
19			3.9	
20			3.9	
21			3.7	
22			3.7	
23			3.6	
24			3.6	
25			3.7	
26			3.6	
27			3.7	
28			3.7	
29				
30				
31				

Was the chlorine residual ever less than the required minimum residual of .3 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.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: Montie TORGESSON Title: MAAASER Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 760-1791 OR
 Date: 3 1 22 Small Groundwater System