

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

System Name Scrauel Hill WATER PWS ID# 4100018  
 Month/Year Nov 12 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    | <u>8:30 AM</u> |                  | <u>.41</u>   |       |
| 2    |                |                  | <u>.41</u>   |       |
| 3    |                |                  | <u>.40</u>   |       |
| 4    |                |                  | <u>.41</u>   |       |
| 5    |                |                  | <u>.40</u>   |       |
| 6    |                |                  | <u>.40</u>   |       |
| 7    |                |                  | <u>.40</u>   |       |
| 8    |                |                  | <u>.41</u>   |       |
| 9    |                |                  | <u>.42</u>   |       |
| 10   |                |                  | <u>.42</u>   |       |
| 11   |                |                  | <u>.41</u>   |       |
| 12   |                |                  | <u>.40</u>   |       |
| 13   |                |                  | <u>.40</u>   |       |
| 14   |                |                  | <u>.40</u>   |       |
| 15   |                |                  | <u>.39</u>   |       |
| 16   |                |                  | <u>.39</u>   |       |
| 17   |                |                  | <u>.40</u>   |       |
| 18   |                |                  | <u>.40</u>   |       |
| 19   |                |                  | <u>.40</u>   |       |
| 20   |                |                  | <u>.38</u>   |       |
| 21   |                |                  | <u>.38</u>   |       |
| 22   |                |                  | <u>.39</u>   |       |
| 23   |                |                  | <u>.41</u>   |       |
| 24   |                |                  | <u>.41</u>   |       |
| 25   |                |                  | <u>.40</u>   |       |
| 26   |                |                  | <u>.41</u>   |       |
| 27   |                |                  | <u>.42</u>   |       |
| 28   |                |                  | <u>.41</u>   |       |
| 29   |                |                  | <u>.41</u>   |       |
| 30   |                |                  | <u>.41</u>   |       |
| 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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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> |
|--|--|---|

Printed Name: Montre TORGESSON Title: MANAGER Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (541) 760-1791 OR  
 Date: 12/1/22 Small Groundwater System