

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

System Name Scrauel Hill WATER PWS ID# 4100018
 Month/Year Feb 1 2023 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	8:00 AM		.39		
2		.39			
3		.38			
4		.38			
5		.38			
6		.37			
7		.37			
8		.37			
9		.38			
10		.37			
11		.39			
12		.39			
13		.41			
14		.41			
15		.41			
16		.39			
17		.39			
18		.41			
19		.42			
20		.41			
21		.40			
22		.39			
23		.39			
24		.37			
25		.37			
26		.38			
27		.37			
28		.38			
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>	

Printed Name: Montie TORGESON Title: MAAASER Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 760-1791 OR
 Date: 3 / 2 / 2023 Small Groundwater System