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

System Name Scravel HILL WATER PWS ID# 4100018							
Month/Year 5 12013 Entry Point: Scentre Hill Pump Required Minimum Residual 3 mg/L							
Date	Time	Source(s)	in use	Lowest free chloring residual at entry point distribution system (m	nt to	Notes	
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Was the chlorine residual ever less than the required minimum residual of , 3 mg/L? Yes No tf 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 GWS Serving More Than 3,300							
If yes, did you monitor every four hours Did conti				monitoring equipment fail	Date continuous monitoring		
as required? Type TNo			reporting month? Yes No			equipment failed:	
Attach those results and submit them with this form.			If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes No			be / / S Date it was returned to service:	
			Attach grab sample results and submit them with this for			1 1	
Printed Name: Monty Torrasson Title: MAN ASEK					Opera	Operator Certification #:	
Signature: Phone #: (641) 760-1791						OR	
Date: 6						Groundwater System 🔀	