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

System Name Scravel Hill WATER PWS ID# 4100018							
System Name Scrave HVV WATER PWSID# 4100018							
Month/Year Aug 1 2023 Entry Point: Scrave Hill Pump Required Minimum Residual 3 mg/L							
Date	Time	Source(s)	in use	Lowest free chloring residual at entry point distribution system (mg	to	Notes	
1	1075-7111			.41			
3		<del></del>		,41			
4				.40			
5				140			
6				, 39			
7		· · · · · · · · · · · · · · · · · · ·		, 39			
8				,39	<del></del>		
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10				:39			
11		the state of the s		.40			
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14				,38	· ·	,	
15				• 39			
16				: 39			
17				, 39			
18				138			
19 20			•	-37			
21				-37			
22		************		38			
23				30			
24			•	29		· · · · · · · · · · · · · · · · · · ·	
25				29			
26				40	_		
27				139			
28				438			
29				.38			
30				.39			
31			•	.39			
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.							
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300							
If yes, did you monitor every four hours			Did continuous monitoring equipment fail at any time thi			Ī	
until the residual returned to mg/L						Date continuous monitoring equipment failed:	
as required? Yes No			If yes, were grab samples collected every four hours until			/ /	
Attach those results and submit them with			continuous monitoring equipment was returned to service			Date it was returned to	
this form.			required? Yes No			service:	
			Attach grab sample results and submit them with		n with this form.	1 1	
Printed Name: Months Torrageon Title: MANAGER Operator Certification #:							
Signature: Phone # (641) 760-1791					OR		
Date:	1 // 1	23//			· 1	Small Groundwater System 🔀	