

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

System Name Scrauel Hill WATER PWS ID# 41 00018  
 Month/Year Oct 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	<u>8:30AM</u>		<u>.40</u>	
2			<u>.40</u>	
3			<u>.41</u>	
4			<u>.40</u>	
5			<u>.40</u>	
6			<u>.39</u>	
7			<u>.39</u>	
8			<u>.39</u>	
9			<u>.40</u>	
10			<u>.40</u>	
11			<u>.41</u>	
12			<u>.41</u>	
13			<u>.40</u>	
14			<u>.38</u>	
15			<u>.38</u>	
16			<u>.39</u>	
17			<u>.40</u>	
18			<u>.40</u>	
19			<u>.41</u>	
20			<u>.41</u>	
21			<u>.40</u>	
22			<u>.41</u>	
23			<u>.39</u>	
24			<u>.39</u>	
25			<u>.39</u>	
26			<u>.39</u>	
27			<u>.40</u>	
28			<u>.38</u>	
29			<u>.38</u>	
30			<u>.37</u>	
31			<u>.37</u>	

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><i>Attach those results and submit them with this form.</i></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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: Montie TORGESON Title: MANAGER Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (541) 760-1791 OR  
 Date: 11 / 1 / 23 Small Groundwater System