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

System Name Scravel HIV WATER PWSID# 4100018								
Month/Year April 1 2024 Entry Point: Scentrel Hill Pump Required Minimum Residual . 3 mg/L								
Date	Time	Source(s) i	n use	Lowest free chlo residual at entry po distribution system	oint to		Notes	
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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							300	
If yes, did you monitor every four hours until the residual returned to mg/L			Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No			Date continuous monitoring equipment failed:		
as required? Yes No 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				/ / Date it was returned to service:	
	*		Attach grab sample results and submit them v			with this form.	1 1	
Printed 1	Name: Mo	atis Toras	SON Title	MARAGER		Operator Certification #:		
Signatur	e: 7/	who he to	Pho	Phone #: (641)760-1791			OR	
Date:	5/1	154//		11/160 /	. ' '	Small G	roundwater System 🔀	
December 19, 2012								