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

Date	Time	Source(s)	in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	8:30	Am		# 39	
2				, 39	
3				, 39	
4				141	
5				, 41	
6		-		,40	
7				-41	
8 9		L		+4/	
10			عنا برانس	142	
11				.41	
12				,40	
13				30	
14			1	134	
15				734	
16				.41	
17				40	
18				,40	
19			•	. 39	The second secon
20				39	
21			8 9 9 8 9 1		
22				. ,39	
23			•	,39	
24				.41	
25	-			,4/	
26			•	140	
27				44/	
29				- 4/	
30	-			14/	
31	-+-			142	
Was the fyes, w	vhat was the	sidual ever less than the longest time period until lot business day.	required minimum I the required leve	m residual of , 3 mg/L? Ye el was restored? hours – If:	es No > 4 hours, Drinking Water Program to be
f yes, di until the se requi	id you moniti residual retuired?		reporting month if yes, were grain continuous mon required?	GWS Serving More monitoring equipment fail at any time? Yes No be samples collected every four hounitoring equipment was returned to Yes No mple results and submit them with the control of the control	me this Date continuous monitoring equipment failed: / Date it was returned to service: