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

System Name Scravel Hill WATER PWSID# 4100018							
Month/Year Aug 12024 Entry Point: Screwel Hill Pump Required Minimum Residual 3 mg/L							
Date	Time Source(s)		in use	Lowest free chlorine residual at entry point distribution system (mg.	o (L)	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							
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  Attach grab sample results and submit them with this form.			1 1	
						Date it was returned to service:	
						1 1	
	Printed Name: Monty-Torasson Title: MAA ASEK					Operator Certification #:	
Signature: Phone #: (541) 760-1791					OR		
Date:	Date: 9 # 31 24/					Small Groundwater System 💢	