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

ate	Time	Source(s) i	n use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	3:30	AM		e 41	
2				,40	
3				140	
4				.41	
5				, 41	
6 7				,39	
B				,39	
9				, 39	
0				39	
1				.38	
2				38	
3				138	
4				39	
5			100	,39	
6				.40	
7				. 4/	
8				14/	
9			•	140	
0				,42	
1					
2				- 41	
3			•	141	alama a man'y anima di fatata a
4 5				, 42	
6				,42	
7				40	
8				,39	
9				,39	
0				-39	
11					
yes, 1	what was the	sidual ever less than the longest time period unti and business day.		m residual of , 3 mg/L? Yell was restored? hours – if	es 🔀 No > 4 hours, Orinking Water Program to
GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to mg/L as required? Yes No Attach those results and submit them with this form.				GWS Serving Mon monitoring equipment fail at any ti n? Yes No	
			continuous mor required?	the samples collected every four hon- nitoring equipment was returned to Yes No mple results and submit them with	urs until the service as Date it was returned to service: