

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

System Name Scareel Hill WATER PWS ID# 4100018  
 Month/Year Feb 1 2025 Entry Point: Sunset 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			.38	
2			.38	
3			.39	
4			.39	
5			.40	
6			.40	
7			.39	
8			.39	
9			.39	
10			.39	
11			.41	
12			.41	
13			.39	
14			.39	
15			.39	
16			.40	
17			.40	
18			.38	
19			.38	
20			.38	
21			.37	
22			.37	
23			.39	
24			.38	
25			.38	
26			.40	
27			.40	
28			.39	
29				
30				
31				

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.

<b>GWS Serving 3,300 or Fewer</b> 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 Attach those results and submit them with this form.	<b>GWS Serving More Than 3,300</b> Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: _____ / _____ / _____ Date it was returned to service: _____ / _____ / _____
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Printed Name: Monty Torgeson Title: MANAGER Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (541) 760-1791 OR  
 Date: 3 11 2025 Small Groundwater System ☒