

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

System Name Scareel Hill WATER PWS ID# 4100018  
 Month/Year 6/25 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	8:00 AM		.38	
2			.38	
3			.37	
4			.37	
5			.39	
6			.38	
7			.38	
8			.40	
9			.40	
10			.39	
11			.40	
12			.41	
13			.41	
14			.41	
15			.40	
16			.41	
17			.42	
18			.42	
19			.42	
20			.40	
21			.41	
22			.41	
23			.41	
24			.40	
25			.40	
26			.42	
27			.42	
28			.41	
29			.41	
30			.41	
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.

**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 More Than 3,300**

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

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.

Date continuous monitoring equipment failed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date it was returned to service: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Printed Name: Monty Torgeson

Title: MANAGER

Operator Certification #: \_\_\_\_\_

Signature: [Signature]

Phone #: (541) 760-1791

OR

Date: 7/1/25

Small Groundwater System ☒