

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

System Name Scareel Hill WATER PWS ID# 4100018
 Month/Year Aug 12025 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		.41	
2			.41	
3			.40	
4			.40	
5			.41	
6			.41	
7			.41	
8			.41	
9			.40	
10			.40	
11			.39	
12			.39	
13			.39	
14			.38	
15			.38	
16			.38	
17			.39	
18			.39	
19			.39	
20			.41	
21			.41	
22			.40	
23			.41	
24			.40	
25			.40	
26			.39	
27			.39	
28			.38	
29			.38	
30			.39	
31			.39	

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: 9 / 1 / 2025

Small Groundwater System ☒