

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

System Name Scareel Hill WATER		PWS ID# 4100018	
Month/Year Sept 1 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	8:30 AM		.41	
2			.40	
3			.41	
4			.41	
5			.42	
6			.41	
7			.41	
8			.42	
9			.42	
10			.41	
11			.41	
12			.41	
13			.39	
14			.39	
15			.40	
16			.41	
17			.40	
18			.40	
19			.39	
20			.39	
21			.39	
22			.41	
23			.40	
24			.41	
25			.40	
26			.40	
27			.39	
28			.39	
29			.40	
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.

<p>GWS Serving 3,300 or Fewer</p> <p>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</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>Attach grab sample results and submit them with this form.</p>
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<p>Printed Name: Monte TORRES</p> <p>Signature: <i>[Signature]</i></p> <p>Date: 10 / 1 / 25</p>	<p>Title: MANAGER</p> <p>Phone #: (541) 760-1791</p>
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<p>Operator Certification #:</p> <p align="center">OR</p> <p>Small Groundwater System <input checked="" type="checkbox"/></p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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