

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

System Name Scareel Hill WATER PWS ID# 4100018  
 Month/Year Oct 125 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		.39	
2			.39	
3			.41	
4			.41	
5			.40	
6			.40	
7			.41	
8			.42	
9			.42	
10			.42	
11			.41	
12			.41	
13			.41	
14			.40	
15			.41	
16			.40	
17			.40	
18			.40	
19			.40	
20			.42	
21			.42	
22			.41	
23			.41	
24			.40	
25			.40	
26			.42	
27			.42	
28			.43	
29			4.3	
30			4.4	
31			4.4	

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 TORRESON

Signature: [Signature]

Date: 11/3/12

Title: MANAGER

Phone #: (541) 760-1791

Operator Certification #:

OR

Small Groundwater System ☒