

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

System Name Scareel Hill WATER

PWS ID# 4100018

Month/Year 11 125 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	<u>8:00 AM</u>		<u>.44</u>	
2			<u>.44</u>	
3			<u>.44</u>	
4			<u>.45</u>	
5			<u>.44</u>	
6			<u>.43</u>	
7			<u>.43</u>	
8			<u>.41</u>	
9			<u>.41</u>	
10			<u>.42</u>	
11			<u>.41</u>	
12			<u>.42</u>	
13			<u>.42</u>	
14			<u>.42</u>	
15			<u>.40</u>	
16			<u>.40</u>	
17			<u>.42</u>	
18			<u>.42</u>	
19			<u>.41</u>	
20			<u>.42</u>	
21			<u>.41</u>	
22			<u>.41</u>	
23			<u>.40</u>	
24			<u>.40</u>	
25			<u>.41</u>	
26			<u>.40</u>	
27			<u>.41</u>	
28			<u>.41</u>	
29			<u>.41</u>	
30			<u>.40</u>	
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 TORRES

Title: MANAGER

Operator Certification #: _____

Signature: _____

Phone #: (541) 760-1791

OR

Date: 12 11 25

Small Groundwater System ☒