

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

System Name Scramel Hill WATER PWS ID# 4100018
 Month/Year 3/26 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			.44	
2			.44	
3			.43	
4			.44	
5			.44	
6			.43	
7			.45	
8			.45	
9			.46	
10			.46	
11			.45	
12			.44	
13			.44	
14			.44	
15			.45	
16			.45	
17			.45	
18			.43	
19			.43	
20			.43	
21			.43	
22			.42	
23			.42	
24			.42	
25			.43	
26			.43	
27			.43	
28			.41	
29			.40	
30			.41	
31			.41	

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>
<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>	

Printed Name: Monty Torresson Title: MANAGER Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 760-1791 OR
 Date: 4/1/26 Small Groundwater System