

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

System Name PWS ID# 4.1
 Month/Year 05 122 Entry Point: 52 Required Minimum Residual .4 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	12:45 p	Wells 1-2-3 Combined	.4	
2	12:10 p		.45	
3	10:40 a		.55	
4	12:20 p		.425	
5	11:10 a		.5	
6	12:25 p		.475	
7	5:05 p		.45	
8	11:40 a		.5	
9	10:11 a		.55	
10	8:49 a		.6	
11	9:11 a		.55	
12	10:40 a		.6	
13	9:15 a		.6	
14	9:35 a		.6	
15	9:30 a		.6	
16	8:37 a		.6	
17	8:26 a		.5	
18	10 am		.5	
19	9:38 a		.5	
20	8:47 a		.45	
21	10:54 a		.45	
22	10 AM		.4	
23	8:41 a		.4	
24	8 am		.45	
25	8:44 a		.45	
26	9:06 a		.45	
27	10:34 a		.40	
28	10:08 a		.45	
29	10:20 a		.45	
30	9:54 a		.5	
31	9:24 a		.5	

Was the chlorine residual ever less than the required minimum residual of 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: Mike Skinner Title: water system operator Operator Certification #:
 Signature: Mike Skinner Phone #: (541) 414-8434 OR
 Date: 5 / 31 / 22 Small Groundwater System

Return by 10th of following month by either email dlwp.dnce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.