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

System Na		City of Boardman		PWS ID#	4 1 00130	
Month/Yea	r <u>4 120</u>	23 Entry Point: EP	-A for Ranney Wells		d Minimum Residual <u>0.2</u> mg/L	
	Time	Source(s) in use	Lowest free chloresidual at entry particular distribution system	orine	Notes	
	10 61	#1 N2	0.50	(ing/L)		
3 7	25 Col	#1 N 2	0.66			
	12 Col	# 182	0.66			
5 7	04 61	171 197	0.24			
		<u> </u>	0.53			
7 70		<u> 主(まと)</u> 甘 1 8 2	5,70			
8 2:		#102	0,147			
9 7:		1/2	0,49			
10 7:		182	095			
11 7.		1+2	0.82			
12 7/		192	0.78			
13 70		1/#2	0,79			
		MAL	0.64			
15 8:7 16 2:0		1#7_	0.61	- 		
16 7:0 17 7:	100	_1#2	0.67			
le 18 70		1772	0,83			
19 70	9 (01	7#2	0.43	r	DEOEN/EF	
20 7:		4 #	0,69		RECEIVEL	
21 83	7 0	1 2	-0.53			
22 71 2	101	1/4	-0.63		FEB 0 8 2023	
23 750	0 (0//	7 6 7	0,50	F	ADIAWATED CEDVICE	
24 7:1	(Col	147	0.08	L	DRINKING WATER SERVICE	
25 7:0	38 COI	1#7	0.36			
26 7:/	o Coi	1#7	0.69			
21 1:15	5 (0)	1年 乙	0.79			
28 5.2		1 and 2	0.71			
29 37/2	(0/,	1 and #2	0.77	- 		
30 7:/6	2 CULC	Land Z	0.69			
	(CO).	land 9	0.73			
day.	iongest lime period (the required minimum residual or until the required level was restor	of <u>0.2</u> mg/L? ☐ Yes red? Hours – <u>If > 4 hours, Drinki</u>	风No ng Water Progra	m to be notified by end of next business	
	GWS Serving 3,300 or Fewer					
If yes, did you monito residual returned to © Yes □ No	or every four hours un 1.2 mg/L as required?	attithe Did continuous n	Did continuous monitoring equipment fail at any time this reporting n 口 Yes 区No		? Date continuous monitoring equipment failed:	
Attach those results a	and submit-them with	this form. If yes, were grab monitoring equipment yes	samples collected every four hours until ment was returned to service as required No		Date it was returned to service:	
		Attach grab samı	ple results and submit them with this form	,		
Printed Name: Kevin K	ennedy		·	·-	,	
					Operator Certification	
Date: 02 1 68	gnature:				#:_D/T-6106	
	1.000					