

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

System Name Boardman, City of PWS ID# 4 1 00130  
 Month/Year 4 12024 Entry Point: EP-A for Ranney Collector Wells Required Minimum Residual 0.2 mg/L

| Date | Time | Source(s) in use | Lowest free chlorine residual at entry point to distribution system (mg/L) | Notes |
|------|------|------------------|--|-------|
| 1    | 7:00 | Col 1 & 2        | 0.96   |       |
| 2    | 7:00 | Col 1 & 2        | 0.80   |       |
| 3    | 7:00 | Col 1 & 2        | 0.80   |       |
| 4    | 7:09 | Col 1 & 2        | 0.80   |       |
| 5    | 7:00 | Col 1 & 2        | 0.75   |       |
| 6    | 7:47 | Col 1 & 2        | 0.77   |       |
| 7    | 7:44 | Col 1 & 2        | 0.76   |       |
| 8    | 7:01 | col 1 & 2        | 0.86   |       |
| 9    | 7:00 | col 1 & 2        | 0.88   |       |
| 10   | 7:00 | Col 1 & 2        | 0.87   |       |
| 11   | 7:00 | col 1 & 2        | 0.90   |       |
| 12   | 7:09 | Col 1 & 2        | 0.83   |       |
| 13   | 7:40 | Col 1 & 2        | 0.79   |       |
| 14   | 7:35 | Col 1 & 2        | 0.84   |       |
| 15   | 7:18 | Col 1 & 2        | 0.82   |       |
| 16   | 7:00 | Col 1 & 2        | 0.81   |       |
| 17   | 7:18 | Col 1 & 2        | 0.80   |       |
| 18   | 7:17 | Col 1 & 2        | 0.89   |       |
| 19   | 8:08 | Col 1 & 2        | 0.92   |       |
| 20   | 8:30 | Col 1 & 2        | 0.84   |       |
| 21   | 8:30 | Col. 1 & 2       | 0.88   |       |
| 22   | 7:53 | Col 1 & 2        | 0.73   |       |
| 23   | 7:00 | Col 1 & 2        | 0.74   |       |
| 24   | 7:00 | Col 1 & 2        | 0.78   |       |
| 25   | 7:00 | Col 1 & 2        | 0.78   |       |
| 26   | 7:02 | Col 1 & 2        | 0.74   |       |
| 27   | 7-   | Col 1 & 2        | 0.71   |       |
| 28   | 6:25 | col 1 & 2        | 0.72   |       |
| 29   | 7:00 | Col 1 & 2        | 0.70   |       |
| 30   | 7:01 | Col 1 & 2        | 0.71   |       |
| 31   |      |                  |  |       |

Was the chlorine residual ever less than the required minimum residual of 0.2 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><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to 0.2 mg/L as required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p> | <p><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" 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 checked="" 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: Luis Campos Title: Public Works Lead  
 Signature: \_\_\_\_\_ Phone #: (541) 701-8880 Operator Certification #: 70039  
 Date: 5 16 12024

