

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

System Name Boardman, City of PWS ID# 41 00130
 Month/Year 02/25 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	8:30	Col 1 & 2	0.60	
2	8:17	Col 1 & 2	0.67	
3	7:45	Col 1 & 2	0.68	
4	7:25	Col 1 & 2	0.85	
5	7:18	Col 1 & 2	0.72	
6	7:15	Col 1 & 2	0.94	
7	8:30	Col 1 & 2	0.74	
8	8:00	Col 1 & 2	0.71	
9	8:10	Col 1 & 2	1.25	
10	7:10	Col 1 & 2	1.25	
11	7:05	Col 1 & 2	1.00	
12	7:30	Col 1 & 2	0.92	
13	7:15	Col 1 & 2	0.90	
14	8:15	Col 1 & 2	0.86	
15	8:10	Col 1 & 2	0.86	
16	8:30	Col 1 & 2	0.87	
17	8:48	Col 1 & 2	0.84	
18	7:15	Col 1 & 2	0.95	
19	7:18	Col 1 & 2	0.93	
20	7:32	Col 1 & 2	0.89	
21	7:15	Col 1 & 2	0.89	
22	7:21	Col 1 & 2	0.81	
23	7:01	Col 1 & 2	0.74	
24	7:15	Col 1 & 2	0.69	
25	7:15	Col 1 & 2	0.35	
26	7:10	Col 1 & 2	1.07	
27	7:10	Col 1 & 2	0.82	
28	7:17	Col 1 & 2	0.85	
29				
30				
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>GWS Serving 3,300 or Fewer</p> <p>Did you monitor every four hours until the residual returned to 0.2 mg/L as required? <input checked="" 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 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: Interim Public Works Director
 Signature: [Signature] Phone #: (541) 701-8890 Operator Certification #: 900039
 Date: 3/17/2025