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 <u>O3</u> | 5 1 25 Entry P | oint: EP-A for I | Ranney Collector Wells | Requ | uired Minim | num Residual | <u>0.2</u> mg/L |
| Date | Time | Source(s |) in use | Lowest free chlo residual at entry po distribution system | oint to | | Notes | |
| 1 | 8:00 | GOI 152 | | 0.98 | | | | |
| 2 | 8:15 | CO1 125 | | los | | | | |
| 3 | 8:10 | Col 18 | 2 | 1.05 | | | | |
| 4 | 7:16 | COLLIL | | 0.63 | | | | |
| 5 | 7:10 | COI 152 | | 0.77 | | | | |
| 6 | 7:08 | COL 1 & 2 | | 0.80 | | | | |
| 7 | 7:15 | col | 154 | 0.85 | | | | |
| 8 | 8:57 | Colla | 2 | 0.88 | | | | |
| 9 | 9:00 | COL 18 | 7 | 0.80 | | | | |
| 10 | 0.00 | (0) 10 | ' - | 0.00 | | | | |
| 12 | 7:10 | CO1 12 | 2 | 0 | | | | |
| 13 | 1 | (() (| 9 | 0.17 | | | | |
| 14 | 7:09 | (1/19 | | 0.77 | | | | a |
| 15 | 7.25 | (0) 19 | 7 | 1085 | | | | |
| 16 | 4:50 | 01 18 | 7. | 1 75 | | | | |
| 17 | 7.29 | Co118 | 9 | 0.78 | | | | |
| 18 | 7:17 | (0/18 | 9 | 0.77 | | | | |
| 19 | 3:11 | 60/18 | 9 | 0,73 | | | | |
| 20 | 7:12 | Co / 18 | 9 | 0.71 | | | | |
| 21 | 7'20 | (0) 17 | 2 | 0.76 | | | | |
| 22 | 7:52 | Cal 18 | 2 | 0.71 | | | | |
| 23 | 7:35 | Col 199 | | 0.67 | | | | |
| 24 | Tiv | COI 152 | | 0,61 | | | | |
| 25 | 8:00 | (6)1102 | | 0.75 | | | | |
| 26 | 7:37 | C01192 | | 0.66 | | | * | |
| 27 | 7.36 | 001112 | | 0.90 | | | | |
| 28 | 7:13 | Co1192 | | 0.94 | | | | |
| 29 | 7:40 | Cal 142 | | 0.96 | | | | |
| 30 | 2,40 | Col 187 | | 0.96 | | - | | |
| 31 7:10 Col 189 0.88 | | | | | | | | |
| Was the chlorine residual ever less than the required minimum residual of <u>0.2</u> 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. | | | | | | | | |
| GWS Serving 3,300 or Fewer GWS Serving More Than 3,300 | | | | | | | | |
| | 0 | r every four nours | Did continuous | Did continuous monitoring equipment fail at any time | | | Date continuou | s monitoring |
| until the residual returned to 0.2 mg/L as | | | reporting month? ■ Yes ■ No | | | | equipment faile | ed: |
| required? | | | If yes, were grab samples collected every four hour continuous monitoring equipment was returned to s | | | | | |
| Attach those results and submit them with | | | required? | | | service as | Date it was reti | urned to |
| this for | П. | | Attach grab sample results and submit them with the | | | his form. | service: | |
| | | | | | | | | |
| Printed Name: Lui's Campas Title: Public worksbond | | | | | | | | |
| Signature: Phone #: (54/) 701-8880 Operator Certification #: 90005 | | | | | | | | |
| Date: 4 17 12025 | | | | | | | | |