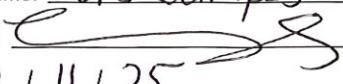


State of Oregon Drinking Water Services
Monthly Disinfection Report for Ground Water Systems

System Name		Boardman, City of	PWS ID#	41 00130
Month/Year		11/25	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	7:15	Col 1 & 2	0.85	
2	7:11	Col 1 & 2	0.83	
3	7:08	Col 1 & 2	0.83	
4	7:14	Col 1 & 2	0.77	
5	7:09	Col 1 & 2	0.77	
6	7:13	Col 1 & 2	0.79	
7	7:20	Col 1 & 2	0.80	
8	7:35	Col 1 & 2	0.83	
9	7:47	Col 1 & 2	0.86	
10	7:13	Col 1 & 2	0.87	
11	7:05	Col 1 & 2	0.95	
12	7:06	Col 1 & 2	0.91	
13	7:10	Col 1 & 2	0.90	
14	7:10	Col 1 & 2	0.95	
15	7:05	Col 1 & 2	0.89	
16	7:40	Col 1 & 2	0.85	
17	7:07	Col 1 & 2	0.85	
18	7:07	Col 1 & 2	0.82	
19	7:15	Col 1 & 2	0.81	
20	7:08	Col 1 & 2	0.79	
21	7:10	Col 1 & 2	0.76	
22	8:01	Col 1 & 2	0.93	
23	8:06	Col 1 & 2	0.99	
24	7:08	Col 1 & 2	1.13	
25	7:00	Col 1 & 2	0.99	
26	7:10	Col 1 & 2	1.03	
27	7:50	Col 1 & 2	1.02	
28	7:45	Col 1 & 2	1.13	
29	7:40	Col 1 & 2	1.07	
30	7:40	Col 1 & 2	1.07	
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>If yes, 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>Printed Name: Luis Campuzano</p> <p>Signature: </p> <p>Date: 12/11/25</p>	
<p>Title: Asst. Public Works Director</p> <p>Phone #: (541) 701 8880</p> <p>Operator Certification #: 960039</p>	