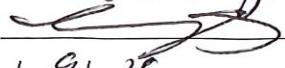


State of Oregon Drinking Water Services
Monthly Disinfection Report for Ground Water Systems

System Name	Boardman, City of		PWS ID# 41 00130	
Month/Year	12/25	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	7:12	Col 1 182	1.05	
2	7:10	Col 1 182	1.05	
3	7:10	Col 1 182	1.01	
4	7:15	Col 1 182	1.02	
5	7:15	Col 1 182	1.02	
6	8:01	Col 1 182	1.09	
7	7:10	Col 1 182	1.02	
8	7:15	Col 1 182	1.02	
9	7:08	Col 1 182	1.02	
10	7:10	Col 1 182	1.09	
11	7:05	Col 1 182	1.01	
12	7:10	Col 1 182	1.11	
13	7:26	Col 1 182	1.17	
14	8:07	Col 1 182	1.07	
15	8:10	Col 1 182	1.09	
16	7:15	Col 1 182	1.12	
17	7:06	Col 1 182	1.07	
18	7:10	Col 1 182	1.05	
19	7:10	Col 1 182	1.03	
20	8:00	Col 1 182	1.03	
21	7:30	Col 1 182	1.04	
22	7:18	Col 1 182	1.06	
23	7:20	Col 1 182	1.01	
24	7:15	Col 1 182	1.02	
25	8:28	Col 1 182	1.00	
26	7:10	Col 1 182	1.05	
27	8:10	Col 1 182	1.00	
28	7:51	Col 1 182	1.12	
29	7:15	Col 1 182	1.03	
30	7:15	Col 1 182	1.03	
31	7:15	Col 1 182	1.05	
Was the chlorine residual ever less than the required minimum residual of 0.2 mg/L? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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 Attach those results and submit them with this form.		GWS Serving More Than 3,300 Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 Attach grab sample results and submit them with this form.		Date continuous monitoring equipment failed: _____ / _____ / _____ Date it was returned to service: _____ / _____ / _____
Printed Name: Luis Campos		Title: Asst. Public Works Director		
Signature: 		Phone #: (541) 701-8880		Operator Certification #: 960039
Date: 11/91/26				