

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



System Name City of Boardman PWS ID# 41 00130
 Month/Year 05 / 23 Entry Point: EP-A for Ranney 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	7:16	Col 1 & 2	0.78	
2	7:15	Col 1 & 2	0.77	
3	7:05	col 1 & 2	0.77	
4	7:16	col 1 & 2	0.93	
5	6:58	Col 1 & 2	0.81	
6	7:23	Col 1 & 2	0.79	
7	5:55	col 1 & 2	0.84	
8	7:24	Col 1 & 2	0.88	
9	7:05	col 1 & 2	0.66	
10	7:15	col 1 & 2	0.69	
11	7:11	col 1 & 2	0.74	
12	7:22	Col 1 & 2	0.71	
13	7:41	Col 1 & 2	0.65	
14	7:10	col 1 & 2	0.62	
15	7:10	col 1 & 2	0.71	
16	7:05	col 1 & 2	0.76	
17	7:06	Col 1 & 2	0.78	
18	7:08	col 1 & 2	1.05	
19	7:06	col 1 & 2	0.83	
20	7:31	col # 1 & 2	0.83	
21	7:25	col # 1 & 2	0.64	
22	7:00	col # 1 & 2	0.60	
23	7:24	col # 1 & 2	0.67	
24	7:13	col # 1 & 2	0.67	
25	7:04	col # 1 & 2	0.65	
26	7:12	col # 1 & 2	0.70	
27	7:55	col # 1 & 2	0.67	
28	7:49	col # 1 & 2	0.64	
29	7:50	col # 1 & 2	0.69	
30	7:06	col # 1 & 2	0.54	
31	7:03	col # 1 & 2	0.70	

RECEIVED
 JUN 12 2023
 DRINKING WATER SERVICES

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 type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Attach those results and submit them with this form.</p>	<p align="center">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>Date continuous monitoring equipment failed: _____</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"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date it was returned to service: _____</p> <p>Attach grab sample results and submit them with this form.</p>
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Printed Name: Kevin Kennedy Title: PWD
 Signature: [Handwritten Signature] Phone #: (541) 481-9252
 Date: 06/12/2023 Operator Certification # DT-6106

State of Oregon Drinking Water Services
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RECEIVED
 JUN 07 2023
 DRINKING WATER SERVICES
 - NEEDS TO BE SIGNED

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.

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?
 Yes 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? Yes No
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?
 Yes No
 Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: _____
 Date it was returned to service: _____

Printed Name: Kevin Kennedy Title: PWD
 Signature: _____ Phone #: (541) 481-9252
 Date: 1/1/

Operator Certification
 #: D/T-6106

