## State of Oregon Drinking Water Program Monthly Disinfection Report for Ground Water Systems

System Name City PWS ID# 4100203						
Month/Year May /2024 Entry Point: EP-C Required Minimum Residual 6. 2 mg/L						
Date	Time	Source(s) ir		Lowest free chlorine residual at entry point to distribution system (mg/L)		Notes
1	4:30 pm	P.W. Well # ?	2	.74		
2		F		.70		
3	1			.59		
4				.68		
5				.66		
6				,74		
7				.75		
8				.71	-	
9				.80		
10				.72		· · · · · · · · · · · · · · · · · · ·
12				.70		
13				.73	<del> </del>	
14				.62	<u> </u>	
15				.73		
16				.64		
17				.64		
18				,65		
19				.68		
20			EP-A	.68		
21			St. Neleus			
22			1	.65		
23				.79		
24				.84		
25				.7%		
26				.74		
27				,74		
28				.67	E E	
29				.67		
30				,70		
31 4 1 .67						
Was the chlorine residual ever less than the required minimum residual of O-2 mg/L? Yes X 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						
				s monitoring equipment fail at any time this		Date continuous monitoring
until the residual returned to mg/L as required? Yes No			reporting month? Yes No		equipment failed:	
II yes, w				were grab samples collected every four hours until the		Date it was returned to
Attach this for		and Submit them With	required?	onitoring equipment was returned to service as		service:
			Attach grab sample results and submit them with this form.		1 1	
Printed Name: Micah Rogers  Title: P. W. Superintendent  Operator Certification #: D-7227  Signature: Minute Possible Phone #: (503)366-0454  OR						
Date: 6 / 10 / 24 Small Groundwater System						

Return by 10<sup>th</sup> of following month by either email <u>dwp.dmce@state.or.us;</u> fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.