

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

RECEIVED

System Name Power City Water Co-Op

PWS ID# 41-00375

Month/Year Jan 125

Entry Point: EP-A for Well

FEB 10 2025
Required Minimum Residual 0.4 mg/L

DRINKING WATER SERVICES

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1		Well	2.15	Purged service line pumped in
2		Well	1.15	turned chlorine bottom knob 1835
3	1:40 PM	Well	2.10	Low service line pressure turned
4	3:30 PM	Well	1.20	Purged & re-set AAB bottom knob to 80
5	4:11 PM	Well	1.80	Purged & re-set AAB bottom knob to 25
6	8:23 AM	Well	1.56	5684.8 gals pumped in
7		Well	1.52	turned bottom knob to 70
8	2:00 PM	Well	1.33	turned bottom knob to 65
9	8:52 AM	Well	1.25	Added 1 gal Cl ₂ + 9 gals H ₂ O turned
10		Well	1.95	purged & re-set service line
11	4:37 PM	Well	1.10	6806.8 gals pumped in
12	4:14 PM	Well	.84	5624.9 gals pumped in
13	11:10 AM	Well	.91	5684.8 gals pumped in
14	3:12 PM	Well	1.25	Purged & re-set AAB
15	4:25 PM	Well	.95	Bottom knob to 55
16	11:52 AM	Well	.70	Purged & re-set AAB 161530.8 gals
17	2:54 PM	Well	.44	Added 1 gal Cl ₂ + 9 gals H ₂ O
18	3:00 PM	Well	.63	5984 gals pumped in
19	5:08 PM	Well	.54	5684.8 gals pumped in
20	9:16 AM	Well	1.22	turned bottom knob to 60/5984 gals
21	3:16 PM	Well	.58	Low service line purged & re-set
22	4:10 PM	Well	.61	purged & re-set AAB 6582.4 gals
23	1:40 PM	Well	.64	5040 gals
24	4:09 PM	Well	.66	Purged well pump in stalled Air ret. (back at page)
25	4:10 PM	Well	.61	5984 gals pumped in
26	1:27 PM	Well	1.11	598 gals pumped in currently pump. off
27	4:10 PM	Well	.65	5385.6 gals Turned small knob 1835
28	10:41 AM	Well	.74	6058.8 gals Turned small knob 147059
29	4:00 PM	Well	.66	5984 gals
30	5:13 PM	Well	.64	6133.6 gals
31	3:07 PM	Well	.59	5684.8 Have leak on Marian Ave

Was the chlorine residual ever less than the required minimum residual of 0.4 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 _____ 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: Man/Leanne Morrill Title: pres/manager

Signature: _____ Phone #: (541) 922-2711

Date: _____

Operator Certification #: _____

OR

Small Groundwater System ☒

December 23, 2024

1-23-25 Punswell pump installed Air relief valve on
Service line & new faucet on high point of
service line.

1-30-25 8:45 PM shut system off over night due to leak
To keep tank from running dry.

1-31-25 10:44 AM Leak repaired