

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

System Name Power City Water Co-Op

PWS ID# 41-00375

Month/Year Feb 2025 Entry Point: EP-A for Well

Required Minimum Residual 0.4 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	
1	4:00 pm	Well	.74	3665.2 gals
2	5:20 pm	Well	.79	2019.6 gals
3	4:17 pm	Well	.66	5984.9 gals
4	12:41 pm	Well	.59	5684.8 gals
5	7:22 pm	Well	.75	5909.2 gals
6	4:05 pm	Well	.71	5684.8 gals
7	5:23 pm	Well	.70	1795.2 gals
8	3:30 pm	Well	.83	4413.2 gals
9	2:20 pm	Well	.76	5909.2 gals
10	1:21 pm	Well	.83	5909.2 gals
11	1:58 pm	Well	.73	5909.2 gals
12	1:15 pm	Well	.79	
13	1:30 pm	Well	.77	
14	11:24 am	Well	.79	sample taken @ 30400 PCD
15	3:33 pm	Well	.69	51,692 gals added 1 gals = 98 gals
16	2:15 pm	Well	.72	5909.2 gals
17	3:30 pm	Well	.67	6058.8 gals
18	3:40 pm	Well	.52	5909.2 gals
19	4:00 pm	Well	.40	6133.6 gals. Bottom knob 1/2 SD
20	11:52 am	Well	.67	5834.4 gals Bottom knob 1/2 SD
21	2:24 pm	Well	.65	5984.9 gals
22	3:53 pm	Well	.63	5874.4 gals
23	3:09 pm	Well	.45	5874.4 gals Added C/P to tank
24	2:12 pm	Well	.55	5984.9 gals
25	10:09 am	Well	.74	5759.6 gals Turned knob 1/2 SD
26	7:50 pm	Well	.86	5834.4 gals
27	2:51 pm	Well	.67	5684.8 gals
28	2:53 pm	Well	.83	5535 gals
29		Well		
30		Well		
31		Well		

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DRINKING WATER SERVICES

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: Marleeve Merritt

Signature: Marleeve Merritt

Date: 2/28/2025

Title: Pres/manager

Phone #: (541) 942-2711

Operator Certification #: _____

OR

Small Groundwater System ☒

December 23, 2024

2-13-25 sample taken at 30400 Power
City Rd. I wasn't well and it ~~cl~~ sample
was over .4 at house, then service line is
good.