

**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 03/2025 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)	Notes
1	11:04 AM	Well	1.83	In total tank from well
2	3:09 PM	Well	1.70	5834.4 gals small knob v to 45
3	3:40 PM	Well	1.65	5537.2 gals
4	3:59 PM	Well	1.73	5759.6 gals Added 1 gal clorox 9000
5	9:48 AM	Well	1.91	0 Pumped while here 30CF = 944.4 gals
6	4:10 PM	Well	1.85	5834.4 Bottom knob v to 45
7	4:00 PM	Well	1.92	5834.4 gals
8	9:50 AM	Well	1.21	1944.8 gals Bottom knob v to 40
9	6:12 PM	Well	1.05	4039.2 gals
10	3:50 PM	Well	1.86	5535.2 gals
11	10:40 AM	Well	1.01	5984.4 gals
12	4:52 PM	Well	1.90	1122 gals
13	11:11 AM	Well	1.87	5909.2 gals
14	4:28 PM	Well	1.79	5784.8 gals
15	7:20 PM	Well	1.76	5759.6 gals
16	7:45 PM	Well	1.77	4637.6 gals
17	10:10 AM	Well	1.82	1047.2 gals
18	3:59 PM	Well	1.62	5759.6 gals MPM 0 gals
19	3:30 PM	Well	1.68	5759.6 gals
20	12:30 PM	Well	1.64	5909.2 gals in coming pump stop
21	12:25 PM	Well	1.58	5310.8 gals in coming pump stop
22	2:19 PM	Well	1.51	2767.6 gals in coming pump stop
23	2:10 PM	Well	1.50	10,000 3.2 gals Added 1 gal clorox 9000
24	3:40 PM	Well	1.49	5977.8 gals small knob v to 45
25	12:55	Well	0.38	5984.4 gals small knob v to 45 Marleene notified
26	4:25 PM	Well	1.81	6183.2 gals
27	2:52 PM	Well	1.81	5834.4 gals
28	11:21 AM	Well	1.91	5784 gals small knob v to 55
29	4:45 PM	Well	1.68	5610 gals
30	7:25 PM	Well	1.70	0
31	11:36 AM	Well	1.68	5759.6 gals

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? 4 Hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to ___ mg/L as required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.  <i>They are on the back of this form</i></p>	<p><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every two hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>
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 APR 09 2025  
 DRINKING WATER SERVICES

Printed Name: Marleene Merritt Title: Pres/manager Operator Certification #: \_\_\_\_\_  
 Signature: Marleene Merritt Phone #: (541) 962-2711  
 Date: 03/31/2025

OR  
 Small Groundwater System

3-7-25 Incoming Well water still pumping while here  
3-25-25 1700pm Rev Cl<sub>2</sub> level 0.74

**RECEIVED**

APR 09 2025

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