

**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 May 25 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	3:07 pm	Well	.61	5610 gals pumped in coming well
2	10:52 am	Well	.86	6058.8 gals small knob to 55
3	5:11 pm	Well	.73	6582.4 gals
4	5:43 pm	Well	.91	6058.8 gals
5	1:56 pm	Well	.50	6283.2 gals small knob to 60 temp at out side
6	10:58 pm	Well	.72	6956.4 gals
7	1:06 pm	Well	.57	7180.8 gals small knob to 65 Hot Day
8	11:58 am	Well	.55	6432.8 gals added 1 gal Cl ₂ + 9 gals H ₂ O
9	4:36 pm	Well	.71	12042.8 gals
10	2:42 pm	Well	.67	6432.8 gals
* 11	5:28 pm	Well	.77	10940.8 gals In coming still pump ing
12	8:12 am	Well	.57	10944.4 gals
* 13	2:48 pm	Well	.50	9275.1 gals In coming pump ing
14	11:22 am	Well	.61	2169.2 gals 5 samples taken
15	11:42 am	Well	.48	6432.8 gals small knob to 70
16	3:30 pm	Well	.51	11968 gals added 1 gal Cl ₂ + 9 gals H ₂ O
17	4:25 pm	Well	.94	5834.4 gals small knob to 65
18	5:59 pm	Well	.79	5385.6 gals
19	1:40 pm	Well	.86	5385.6 gals
20	9:47 am	Well	.80	6058.8 gals
21	4:25 pm	Well	.69	6133.6 gals
22	3:05 pm	Well	.95	5984.4 gals
23	1:32 pm	Well	.82	6582.4 gals
24	8:24 pm	Well	.78	7854 gals In coming still pump ing
25	12:10 pm	Well	.57	5759.6 gals small knob to 70
26	3:08 pm	Well	.44	5385.6 gals small knob to 80
27	3:27 pm	Well	.63	5460.4 gals Added 1 gal Cl ₂ + 9 gals H ₂ O
28	3:40 pm	Well	.28	9200.4 gals small knob to 55
29	11:00 am	Well	.87	6058.8 gals Hot Day
30	1:34 pm	Well	.01	12,042.8 gals Hot Day
31	3:30 pm	Well	.74	5759.6 gals Hot Day

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. * on back of form

RECEIVED

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 returned to service? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: _____

Time it was returned to service: _____

Printed Name: Marleene Merritt

Signature: Marleene Merritt

Date: 5/31/2025

Title: pres/manager

Phone #: (541) 902-2711

Operator Certification #: _____

OR

Small Groundwater System ☐

May

1 added 1 gal Cl₂ & 9 gals H₂O

11 Small Knob \downarrow to 60

13 Small Knob \uparrow to 65