

**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 June 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	4:40pm	Well	.95	20,046.4gals Hot day
2	3:32pm	Well	.86	8,003.6gals small knob to 60 added 1gal Cl ₂ + 9gals H ₂ O
3	5:52pm	Well	0.86	12,267.2gals
4	10:59am	Well	.78	7,180.8gals
5	4:03pm	Well	.82	12,566.4gals
6	11:06am	Well	.64	5,909.2gals
7	12:45pm	Well	.67	9,275.2gals Hot sm knob to 65
8	4:52pm	Well	.58	11,145.2gals Frilling pump pumping
9	2:48pm	Well	.75	15,184.4gals Added 1gal Cl ₂ + 9gals H ₂ O
10	7:53am	Well	1.20	7,704.4gals small knob to 55
11	9:37am	Well	1.24	15,408.8gals sm knob to 55
12	3:35pm	Well	1.29	11,145.2gals sm knob to 45
13	6:16pm	Well	1.02	13,090.4gals
14	7:11pm	Well	.79	13,688.4gals In long line still pumping
15	4:00pm	Well	.74	3,590.4gals Incoming pumping
16	6:29pm	Well	1.02	5,236.4gals
17	8:30am	Well	0.53	Repair in progress, ABBI off Cl ₂ 755sm knob
18	8:00am	Well	.92	
19	7:20am	Well	1.20	
20	7:40am	Well	1.07	5,909gals added Cl ₂ 1gal + 9gals H ₂ O
21	3:30pm	Well	.94	6,058.8gals Purged service line
22	4:29pm	Well	.57	7,779.2gals Incoming still pumping
23	12:35pm	Well	.91	6,283.2gals small knob to 60
24	11:55pm	Well	.87	86,021gals Purged Service Line
25	9:09am	Well	.89	10,920.8gals
26	3:05pm	Well	1.16	2,704.4gals purged line
27	4:35pm	Well	.76	6,657.2gals
28	6:45pm	Well	0.70	4,706gals Cl ₂ to 7520sm knob
29	8:40	Well	.64	400gal
30	12:58pm	Well	1.51	14,660.8gals sm knob to 60
31		Well		

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: Margaret McGriff

Title: Pres/ Man

Signature: Margaret McGriff

Phone #: (541) 924-2711

Date: 6/30/2025

Operator Certification # _____

RECEIVED
JUL 08 2025
Small Groundwater System ☐
DRINKING WATER SERVICES
December 23, 2024