

**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 12/2025

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	10:06 AM	Well	1.05	8003.7 gals
2	10:55 AM	Well	1.01	14137.2 gals
3	1:00 PM	Well	1.60	30194.6 gals
4	1:25 PM	Well	1.22	6582.4 gals
5	7:15 PM	Well	1.13	13,968 gals
6	6:15 PM	Well	1.65	10,621.6 gals
7	5:15 PM	Well	1.19	14,361.6 gals
8	3:35 PM	Well	1.39	16,231.6 gals
9	7:5 AM	Well	1.00	374 gals
10	?	Well		umatilla delivering water
11	?	Well		umatilla delivering water
12	X	Well		No water delivered
13	X	Well		No water delivered
14	X	Well		umatilla delivered water
15	X	Well		umatilla delivered water
16	X	Well		umatilla delivered water
17	X	Well		umatilla delivered
18	X	Well		umatilla delivered
19	X	Well		No Delivery
20	X	Well		No Delivery
21	X	Well		umatilla delivering
22	X	Well	.94	Well water pumped. Small tank
23	6:14 AM	Well	.94	
24	2:01 PM	Well	.93	5834.4
25	3:55 PM	Well	.64	2629.6 gals
26	1:14 PM	Well	.83	5011.6 gals
27	3:27 PM	Well	.94	7180.8 gals
28	6:05 PM	Well	.85	6881.6 gals
29	4:26 PM	Well	.68	7704.4 gals
30	9:37 PM	Well	.57	8303.8 gals
31	1:30 PM	Well	.63	11294.8 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? 3 Hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.

GWS Serving 3,300 or Fewer

If yes, do you monitor every four hours until the residual returned to 0.4 mg/L as required? ☐ Yes ☐ No

12/23 3:41 PM - 6:19 PM
Attach these results and submit them with this form & ON BACK

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: Marlene Merrill

Signature: Marlene Merrill

Date: 12/31/2025

Title: operator

Phone #: 504 920 2711

Operator Certification #: _____

OR

Small Groundwater System ☒