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: Aug 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	6:14pm	Well	.72	7330.4gals
2	12:51pm	Well	.90	6208.4gals
3	6:26pm	Well	1.07	12790.8 gals Sm knob to 70
4	3:26pm	Well	.70	Ø
5	4:20pm	Well	0.89	11993.2gal
6	105pm	Well	1.01	5894 ~~1294~~.4gal Sm knob to 65
7	2:00pm	Well	0.41	12416.5 Cl2 1gal + 9gal H_2O Chlorinator
8	125pm	Well	0.49	6881.6gal ↑Sm knob to 70
9	247pm	Well	0.45	7099gal ↑ to 80 sm knob
10	1146A	Well	0.72	12042.8gal
11	1046AM	Well	0.62	7330.4 ~~7330~~.4gal
12	1039A	Well	0.52	5751.6gal ↑Sm knob to 85
13	1256pm	Well	0.52	748.0 gal ↑Sm knob to 90
14	9:43am	Well	1.02	11519.2gals Sm knob to 70 1galCl + 9H2O
15	3:50pm	Well	.69	7031.2gals
16	11:26AM	Well	.69	5834.4gals
17	7:22pm	Well	.94	12790.8gals
18	9:48am	Well	.78	Ø
19	120 [illegible]	Well	0.61	1331.4gal Sm knob to 75
20	1205pm	Well	0.55	6851.68gal ↑Sm knob to 80
* 21	1206pm	Well	.49	7480gals Add 1gal Cl + 9gals H2O
22	4:20pm	Well	.58	5535.2gals
23	3:24pm	Well	.58	7480gals Sm knob to 90 Hot Day
24	3:15pm	Well	.49	5385gals Sm knob to 95 Hot Day
25	7:58pm	Well	.74	6358gals
26	7:15pm	Well	.87	~~[illegible]~~ 19522.8gals Sm knob to 85
27	8:43AM	Well	.84	8003.4gals Add 1gal Cl + 9gals H2O
* 28	7:08pm	Well	1.14	5909.3gals Added 1gal Cl + 9gals H2O
29	2:42pm	Well	1.01	11,519.2gals Hot day
30	9:20AM	Well	~~9:30am~~ .74	6956.4gals
31	6:14pm	Well	.57	7779.2gals Sm knob to 90

* on other side

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 (crossed out)

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: Marleene Merritt   Title: Pres/Manager

Signature: Marleene Merritt   Phone #: 541-984-2711

Date: 08/31/2025

Operator Certification # __________

OR

Small Groundwater System ☐