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: 9 / 25 Entry Point: EP-A for Well Required Minimum Residual: 0

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	10:35Am	Well	.52	3814.8gals sm knob to 95
2	2:27pm	Well	.75	8527.2gals Incoming pumping
3	3:45pm	Well	.94	11,594 gals
4	4:42pm	Well	.95	6108.4gals Add 1 gal Cl + 9 H2O
5	5:17pm	Well	1.11	~~39376 gals~~ 13979 gals
6	1:02pm	Well	1.57	33459.2gals water tank Flushed
7	4:14pm	Well	1.77	4114 gals sm knob to 80
8	12:41 PM	Well	1.22	~~830.28 gal~~ 8302.8gal
9	1255	Well	1.39	7255.6gal
10	1255	Well	1.04	4114.0gal
11	1222	Well	1.20	5161.0gal sm knob to 70
12	3:02pm	Well	1.03	~~1000~~ 7480gals
13	2:14pm	Well	.93	5909.2gals
14	12:44pm	Well	.90	7031.2gals
15	12:26pm	Well	.83	7104 gals
16	4:30pm	Well	.57	5909.2gals Sm Knob to 80
17	8:28am	Well	.65	2842.4gals Incoming pumping
18	3:32pm	Well	.57	9649.2gals sm knob to 90
19	4:10pm	Well	.79	9873.6gals
20	11:00Am	Well	.58	2393.6gals added 1 gal Cl + 9 H2O
21	4:30pm	Well	1.29	12865.6gals sm knob to 70
22	5:14pm	Well	1.02	11668.8gals Incoming pumping
23	12:07pm	Well	.74	~~11066~~ 8114.8gals
24	12:26pm	Well	.67	5759.6 sm knob to 75
25	2:41pm	Well	.50	6283.2gals sm knob to 85
26	1:15pm	Well	.49	5654.8gals [illegible] Added 1 gal Cl + 9 H2O
27	6:40pm	Well	1.42	10920.8gals Incoming Still pumping
28	4:44pm	Well	1.26	3440.8gals Incoming pumping
29	2:27pm	Well	1.18	5834.4gals Incoming pumping
30	2:45pm	Well	.85	10,472gals Incoming pumping
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 Pr[ogram] 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 equipment failed __/__/__~~

~~Date it was returned to service: __/__/__~~

Printed Name: Marleene Merritt Title: pres/manager

Signature: Marleene Merritt Phone #: (541) 93?-2711

Date: 9 / 30 / 25

Operator Certification #: ______

OR

Small Groundwater Syst[em]

9-6-25 small knob ↓ to 70
9-27-25 small knob ↓ to 80
9-29-25 small knob ↓ to 70