

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	Oct 15	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	1:55 PM	Well	.60	5834.4 gals 5 min to 80
2	1:47 PM	Well	.60	5385.6 gals 5 min to 85
3	1:37 PM	Well	.57	5610.6 gals added 1qt 9429
4	1:26 PM	Well	.34	1956.4 gals unlogged ch2 time
5	1:10 PM	Well	.77	
6	1:43 PM	Well	.81	5535.2 gals
7	1:20 PM	Well	.84	6131.6 gals
8	1:05 PM	Well	.87	5759.6 gals
9	5:43 PM	Well	.80	5984.9 gals 5 min to 90
10	5:42 PM	Well	.64	5236.6 gals added 1qt 1/2 qt gals to 80
11	12:59 PM	Well	.91	
12	1:25 PM	Well	.86	5834.4
13	1:50 PM	Well	.84	
14	1:48 PM	Well	.95	5759.6 gals
15	1:20 PM	Well	1.02	897.6 gals In continuous pump 1/2
16	5:31 PM	Well	1.00	5761.6 gals 5 min to 95
17	7:00 PM	Well	1.62	5484.8 gals 5 min to 85
18	3:56 PM	Well	1.21	2618.6 gals In continuous pump
19	4:23 PM	Well	1.28	2842.4 gals 5 min to 75
20	1:57 PM	Well	1.25	5385.6 gals
21	1:25 PM	Well	1.86	5535.2 gals Add 1qt 1/2 qt gals
22	7:00 PM	Well	1.98	
23	4:44 PM	Well	.77	1645.6 gals
24	12:35 PM	Well	.75	
25	1:40 PM	Well	.71	5759.6 gals
26	12:29 PM	Well	1.68	5310.8 gals
27	10:38 AM	Well	.57	8 5 min to 85
28	11:12 AM	Well	.75	5310.8 gals
29	12:07 PM	Well	1.74	5236.6 gals
30	10:31 AM	Well	.71	741.8 gals
31	3:33 PM	Well	1.77	5161.2 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? 2 Hours - If > 4 hours, Drinking Water Pm notified by end of next business day.

GWS Serving 3,300 or Fewer	GWS Serving More Than 3,300
If yes, did you monitor every four hours until the residual returned to 0.9 mg/L as required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Attach those results and submit them with this form.	If yes, were grab samples collected every 15 minutes until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Attach grab sample results and submit them with this form.

Printed Name: <u>Marlenee Merritt</u>	Title: <u>Manager/Pres.</u>	Operator Certification #: _____
Signature: <u>Marlenee Merritt</u>	Phone #: <u>(541) 942-2711</u>	OR
Date: <u>10/13/2025</u>	Small Groundwater System	