

**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 125 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	1:55pm	Well	1.60	5834.4 gals sn knob to 80
2	1:47pm	Well	1.60	5385.6 gals sn knob to 85
3	12:37pm	Well	.57	5610.8 gals added 1 gal 12:40
4	12:06pm	Well	1.34 12:40 .59	1956.4 gals uncapped chlorine
5	5:07pm	Well	1.77	
6	4:43pm	Well	1.81	5535.2 gals
7	6:20pm	Well	1.84	6133.6 gals
8	4:05pm	Well	1.87	5759.6 gals
9	5:43pm	Well	1.86	5761.2 gals
10	5:42pm	Well	1.64	5984 gals sn knob to 90
11	12:52pm	Well	1.91	5236 gals added 1 gal 12:49 gals to 80
12	2:25pm	Well	1.86	5834.4
13	2:50pm	Well	1.84	
14	4:48pm	Well	1.95	5759.6 gals
15	4:20pm	Well	1.62	5759.6 gals
16	5:31pm	Well	1.00	897.1 gals Incomlog pump 1.0
17	1:00pm	Well	1.62	5761.2 gals sn knob to 95
18	3:56pm	Well	1.31	5684.8 gals sn knob to 85
19	4:23pm	Well	1.28	2618.1 gals Incomlog pump 1.0
20	1:59pm	Well	1.25	2842.4 gals sn knob to 75
21	2:25pm	Well	1.06	5385.6 gals
22	7:00pm	Well	1.98	5535.2 gals Added 1 gal 12:49 gals to 80
23	4:44pm	Well	1.77	1645.6 gals
24	12:35pm	Well	1.75	
25	6:40pm	Well	1.71	5759.6 gals
26	12:29pm	Well	1.68	5310.8 gals
27	10:38AM	Well	1.57	sn knob to 85
28	11:12AM	Well	1.75	5310.8 gals
29	12:07PM	Well	1.74	5236 gals
30	10:31AM	Well	1.71	7418 gals
31	3:33pm	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? 3 Hours - If > 4 hours, Drinking Water Pn 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 <u>0.9</u> mg/L as required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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.	Date continuous equipment failed: <u>1</u> / <u>1</u> / <u>1</u> Date it was returned to service: <u>1</u> / <u>1</u> / <u>1</u>
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Printed Name: Marleene Merritt Title: Manager/Pres. Operator Certification #: _____
 Signature: Marleene Merritt Phone #: (541) 982-2711 OR
 Date: 10/31/2025 Small Groundwater System