

**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: Nov 1 2025 Entry Point: EP-A for Well

Required Minimum Residual 0

RECEIVED

DEC 08 2025

DRINKING WATER SERVICES

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	7:47 AM	Well	1.76	5460.4 gals
2	3:20 PM	Well	1.88	0
3	2:02 PM	Well	1.81	5535.2 gals
4	3:20 PM	Well	1.83	0
5	11:58 AM	Well	1.73	5310.8 gals
6	1:37 PM	Well	1.79	0
7	12:45 PM	Well	1.83	5310.8 gals added 1 gal Cl ₂ to 9 H ₂ O
8	1:43 PM	Well	1.04	5385.6 gals
9	12:42 PM	Well	1.01	0
10	1:53 PM	Well	1.11	5684.8 sm knob to 7.5
11	12:58 PM	Well	1.16	5684.8 gals sm knob to 7.5
12	2:15 PM	Well	1.98	0
13	2:12 PM	Well	1.09	5612.19 gals
14	3:34 PM	Well	1.95	11,414.8 gals
15	3:05	Well	1.59	5497.6 gals sm knob to 7.5
16	4:27 PM	Well	1.64	5460.4 gals 1 gal Cl ₂ to 9 H ₂ O
17	4:00 PM	Well	1.59	2192 gals In cleaning pump 18
18	5:45 PM	Well	1.57	6909.2 gals In cleaning pump 18
19	2:05 PM	Well	1.70	3515.1 gals sm knob to 7.5
20	9:01 AM	Well	1.61	5135.7 gals 11/11 AM
21	3:00 PM	Well	1.71	5310.8 gals
22	11:43 AM	Well	1.67	780 CF 5236.9 gals
23	4:28 PM	Well	1.72	0
24	10:48 AM	Well	1.79	5610 gals
25	1:16 PM	Well	1.69	5460.4 gals added 1 gal Cl ₂ to 9 H ₂ O
26	1:02 PM	Well	0.64	0
27	12:32	Well	0.54	5684 gal Tom knob to 9.0?
28	12:41	Well	0.54	3590 gal
29	8:20	Well	0.81	1870 gals + Cl ₂ to 8.5
30	10:12 AM	Well	1.79	2842.4 gals In cleaning pump 18
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 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
Signature: Marleene Merritt
Date: 11/13/2025

Title: pres/manager
Phone #: (541) 944-2711

Operator Certification #: _____

OR

Small Groundwater System