

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 2025 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)	RECEIVED Notes
1	7:47pm	Well	.76	5440.4gals DEC 08 2025
2	7:50pm	Well	.88	50 DRINKING WATER SERVICES
3	8:03pm	Well	.81	5351.9gals
4	8:16pm	Well	.83	0
5	8:56pm	Well	.73	5310.8gals
6	13:37pm	Well	.79	50
7	12:45pm	Well	.83	5310.8gals added 1gal to 10.8gals
8	14:37pm	Well	1.04	5385.6gals
9	12:42pm	Well	1.01	0
10	1:53pm	Well	1.11	5684.8gals 5m Knob to 7.5
11	12:58pm	Well	1.16	5684.8gals 5m Knob 6.8 to 7.0
12	2:15pm	Well	2.05 1.98	0
13	2:19pm	Well	1.09	5612.19gals
14	3:34pm	Well	.95	10416.8gals
15	3:45	Well	.59	5897.6gals 5m Knob to 7.5
16	4:27pm	Well	.64	5460.14gals 1gal to 9.4gals
17	4:48pm	Well	.59	2192gals In leaching pump
18	5:45pm	Well	.52	5909.9gals In leaching pump
19	2:05pm	Well	.70	3515.1gals 5m Knob 6.4 to 8.5
20	9:01AM	Well	1.61	58510.8gals 9AM
21	3:00pm	Well	.71	5310.8gals
22	11:43AM	Well	.67	780 CF 5236.9gals
23	4:28pm	Well	1.22	0
24	10:48AM	Well	.79	5610gals
25	1:16AM	Well	.69	5460.0gals added 1gal to 9.4gals
26	1:02pm	Well	0.64	0
27	12:32	Well	0.54	56084gals 7m Knob to 9.0
28	12:41	Well	0.54	3590gals
29	8:20	Well	0.18	1870gals 1C12 to 8.5D
30	10:12AM	Well	.79	2842.4gals In leaching 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 Program 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: Marlene Merritt
Signature: Marlene Merritt
Date: 11/13/2025

Title: Prez/Manager
Phone #: (503) 932-3711

Operator Certification #: _____
OR
Small Groundwater System