

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: 02 2016 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	7:40 AM	Well	0.49	543.2 gal
2	10:41 AM	Well	0.43	1 gal Cl ₂ + 9 gal H ₂ O to 10"
3	1:05 PM	Well	0.53	583.4 gal
4	1:47 PM	Well	0.87	583.4 gal
5	12:32 PM	Well	1.06	5 sm knob to 90% 5385.6 gal
* 6	2:10 PM	Well	1.32	0 in coming pump in
7	2:00 PM	Well	1.20	5385.6 gal
8	12:41 PM	Well	1.17	224.4 gal in coming pump in
9	5:53 PM	Well	1.07	321.6 gal
10	1:27 PM	Well	1.99	546.4 gal
11	4:35 PM	Well	1.98	541.0 gal
12	4:19 PM	Well	1.89	541.0 gal
13	3:30 PM	Well	1.91	541.0 gal
14	3:00 PM	Well	1.84	541.0 gal
15	11:20 AM	Well	1.94	5385.6 gal
* 16	11:30 AM	Well	1.99	1645.6 gal in coming pump in
17	2:05 PM	Well	1.07	411.4 gal sm knob to 70
18	2:14 PM	Well	1.04	541.0 gal sm knob to 65
* 19	5:15 PM	Well	1.03	2141.6 gal in coming pump in
20	3:23 PM	Well	1.103	2141.6 gal sm knob to 65
21	2:30 PM	Well	1.90	5385.6 gal
22	11:42 AM	Well	1.84	5385.6 gal
23	12:13 PM	Well	1.79	720 = 5385.6 gal
24	12:18 PM	Well	1.79	0
25	12:14 PM	Well	1.76	575.9 gal
26	3:40 PM	Well	1.71	553.5 gal
27	4:14 PM	Well	1.72	0
28	2:14 PM	Well	1.66	575.9 gal
29	5:10 PM	Well	1.67	575.9 gal
30		Well		
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.
 * info on back

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.

Printed Name: Marlene Merritt
 Signature: Marlene Merritt
 Date: 2/28/16

Title: Plant Manager
 Phone #: (518) 922-2911

Operator Certification #: _____
 OR
 Small Groundwater System