

State of Oregon Drinking Water Program
 Monthly Disinfection Report for Ground Water Systems

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APR 08 2026

DRINKING WATER SERVICES

System Name Power City Water Co-Op PWS ID# 41-00375
 Month/Year 03 126 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	5:08 pm	Well	167	5759.6 gals
2	4:35 pm	Well	167	0
3	5:00 pm	Well	157	5460.4 gals smk knob Nto
4	4:35 pm	Well	161	0 Added 1 gal Cl ₂ + 9 H ₂ O
5	4:30 pm	Well	160	5684.8 gals
6	4:50 pm	Well	168	4338.4 gals in contact with
7	12:10 pm	Well	164	1047.2 gals
8	5:40 pm	Well	169	5684.8 gals
9	4:32 pm	Well	174	0
10	12:15 pm	Well	172	6058.8 gals
11	4:12 pm	Well	174	0
12	4:05 pm	Well	175	5385.6 gals
13	5:40 pm	Well	176	5535.2 gals
14	3:58 pm	Well	173	0
15	7:00 pm	Well	174	5310.8 gals
16	4:35 pm	Well	179	5355.6 gals
17	5:09 pm	Well	176	0
18	1:15 pm	Well	177	700 gal = 5236 gals
19	3:52 pm	Well	176	0
20	3:14 pm	Well	171	5610 gals
21	8:08 pm	Well	167	5759.6 gals
22	4:34 pm	Well	166	0
23	3:25 pm	Well	163	5961.2 gals
24	2:14 pm	Well	157	0 Added 1 gal Cl ₂ + 9 H ₂ O
25	3:04 pm	Well	156	5460.4 gals smk knob Nto
26	4:26 pm	Well	172	5535.2 gals
27	4:16 pm	Well	190	897.6 gals in contact with
28	4:10 pm	Well	196	4862.4 gals smk knob Nto
29	5:10 pm	Well	187	5460.4 gals
30	4:16 pm	Well	178	6033.6 gals
31	1:44 pm	Well	168	0

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.

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

Printed Name: Madeline Merritt Title: Pres/manager Operator Certification #: _____
 Signature: Madeline Merritt Phone #: (541) 924-2711 OR
 Date: 3 13 2026 Small Groundwater System