

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

System Name Idaho Power- Oxbow Village PWS ID# 4 1 00384
 EP-B, Entry Point for
 Month/Year May/2023 Entry Point: Copperfield Park Well Required Minimum Residual 0.2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	0700	Booster Pump	.20	House 567 .12
2	0700	Booster Pump	.20	
3	0700	Booster Pump	.21	
4	0700	Booster Pump	.20	House 5613 .14
5	0700	Booster Pump	.22	
6	0700	Booster Pump	.22	
7	0700	Booster Pump	.20	
8	0700	Booster Pump	.21	House 851 .11
9	0700	Booster Pump	.20	
10	0700	Booster Pump	.25	
11	0700	Booster Pump	.23	House 5620 .25
12	0700	Booster Pump	.20	
13	0700	Booster Pump	.22	
14	0700	Booster Pump	.25	
15	0700	Booster Pump	.28	House 567 .26
16	0700	Booster Pump	.20	
17	0700	Booster Pump	.22	
18	0700	Booster Pump	.25	House 5613 .15
19	0700	Booster Pump	.32	
20	0700	Booster Pump	.22	
21	0700	Booster Pump	.25	
22	0700	Booster Pump	.25	House 851 .14
23	0700	Booster Pump	.27	
24	0700	Booster Pump	.21	
25	0700	Booster Pump	.20	House 5620 .17
26	0700	Booster Pump	.25	
27	0700	Booster Pump	.29	
28	0700	Booster Pump	.30	
29	0700	Booster Pump	.30	House 567 .20
30	0700	Booster Pump	.38	
31	0700	Booster Pump	.27	

Was the chlorine residual ever less than the required minimum residual of 0.2 mg/L? ☐ Yes ☒ No
 If yes, what was the longest time period until the required level was restored? _____ hours

GWS Serving 3,300 or Fewer

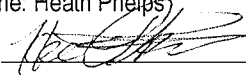
If yes, did you monitor every four hours until the residual returned to 0.2 mg/L?
☐ Yes ☐ No
Attach those results and submit them with this form.

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?
☐ Yes ☐ No
Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: _____ / _____ / _____
 Date it was returned to service: _____ / _____ / _____

Printed Name: Heath Phelps

Signature: 

Date: 6 / 1 / 2023

Title: Building Maintenance Tec

Phone #: (541) 785-7225

Operator Certification #:

OR

Small Groundwater System ☐