

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 July/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 | .62 | |
| 2 | 0700 | Booster Pump | .60 | |
| 3 | 0700 | Booster Pump | .64 | House 851 .51 |
| 4 | 0700 | Booster Pump | .61 | |
| 5 | 0700 | Booster Pump | .62 | |
| 6 | 0700 | Booster Pump | .66 | House 5620 .55 |
| 7 | 0700 | Booster Pump | .60 | |
| 8 | 0700 | Booster Pump | .58 | |
| 9 | 0700 | Booster Pump | .55 | |
| 10 | 0700 | Booster Pump | .56 | House 567 .44 |
| 11 | 0700 | Booster Pump | .54 | |
| 12 | 0700 | Booster Pump | .53 | |
| 13 | 0700 | Booster Pump | .55 | House 5613 .43 |
| 14 | 0700 | Booster Pump | .56 | |
| 15 | 0700 | Booster Pump | .52 | |
| 16 | 0700 | Booster Pump | .50 | |
| 17 | 0700 | Booster Pump | .48 | House 851.38 |
| 18 | 0700 | Booster Pump | .49 | |
| 19 | 0700 | Booster Pump | .47 | |
| 20 | 0700 | Booster Pump | .50 | House 5620 .40 |
| 21 | 0700 | Booster Pump | .51 | |
| 22 | 0700 | Booster Pump | .48 | |
| 23 | 0700 | Booster Pump | .45 | |
| 24 | 0700 | Booster Pump | .43 | House 567 .33 |
| 25 | 0700 | Booster Pump | .44 | |
| 26 | 0700 | Booster Pump | .46 | |
| 27 | 0700 | Booster Pump | .47 | House 5613 .36 |
| 28 | 0700 | Booster Pump | .50 | |
| 29 | 0700 | Booster Pump | .52 | |
| 30 | 0700 | Booster Pump | .53 | |
| 31 | 0700 | Booster Pump | .48 | House 851 .38 |

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.

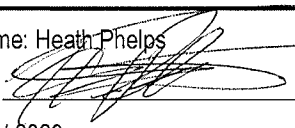
Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: Heath Phelps Title: Building Maintenance Tec

Signature:  Phone #: (541) 785-7225

Date: 8 / 3 / 2023

Operator Certification #:

OR

Small Groundwater System ☐