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

| Sy | stem Nam | e Idaho Pour | ^ - | | Report for Grou | and Wat | er Systems | |
|--|-----------------|---------------------------|------------------------|--|---------------------------------------|------------------------------------|--|--|
| 1 | | - I OWEI | Oxbow Villa | ge | | | | |
| Month/Year | | Aug/0000 | • , _ | EP-B, Entry Point for Copperfield Park Well | | PWS ID# 4 1 00384 | | |
| Date Tim | | e Sou | rce(s) in use | Lowest free chic | | Required Minimum Residual 0.2 mg/L | | |
| 1 | 0700 | | (o) iii use | | l lesiqual at entry n | oint to | | |
| 2 | 0700 | Booster Pump |) | | uistribution system | (mg/L) | Notes | |
| $\frac{2}{3}$ | 0700 | Booster Pump | | | .30 | | | |
| | 0700 | Booster Pump | | | .35 | | | |
| 4 | 0700 | Booster Pump | | | .36 | F | House 5620 .24 | |
| <u>5</u> | 0700 | Booster Pump | | | .33 | | | |
| $\frac{-0}{7}$ | 0700 | Booster Pump | | | .37 | | | |
| 8 | 0700 | Booster Pump | | | .39 | | | |
| 9 | 0700 | Booster Pump | | | .35 | H | ouse 567.26 | |
| 10 | 0700 0700 | Booster Pump | | | 35 | | | |
| 11 | 0700 | Booster Pump | | | 34 | | | |
| 12 | 0700 | Booster Pump | | | 30 | HC | ouse 5613 .25 | |
| 13 | 0700 | Booster Pump | | | 31 | | | |
| 14 | 0700 | Booster Pump | | | 32 | | | |
| 15 | 0700 | Booster Pump | | | 32 | | 054 00 | |
| 16 | 0700 | Booster Pump | | .3 | 31 | <u></u> | ouse 851 .22 | |
| 17 | 0700 | Booster Pump | | .3 | 3 | | | |
| 18 | 0700 | Booster Pump | | 3 | 4 | Hou | use 5620 .21 | |
| 19 | 0700 | Booster Pump | | .3 | 1 | 1100 | use 5020 .21 | |
| 20 | 0700 | Booster Pump | | .3 | | | | |
| | 0700 | Booster Pump | | .3: | | | | |
| | 0700 | Booster Pump | | 33 | | Hou | use 567 .20 | |
| | 0700 | Booster Pump | | 38 | | | | |
| | 0700 | Booster Pump | | .31 | | | | |
| | 2 TOOLOT I WITH | | .29 | | | Hou | House 5613 .20 | |
| | 0700 | Booster Pump Booster Pump | | .32 | | | | |
| | 0700 | Booster Pump | | .30 | | | | |
| | 0700 | Booster Pump | | .31 | | | | |
| | 0700 | Booster Pump | | .31 | | Hous | se 851 .21 | |
| | 0700 | Booster Pump | | .33 | | | | |
| 1 (| 0700 | Booster Pump | | 1.01 | | | | |
| is the o | chlorine res | | ne required mi | nimum res | sidual of 0.2 mg/L? s restored? hou | | ☑ No | |
| | | 3,300 or Fewer | l l | a lovel wa | | | | |
| | | or every four hours | Did contin | uoue moni | GWS Serving | | 1 | |
| il the residual returned to 0.2 mg/L? ☐Yes ☐ No | | | reporting r | Did continuous monitoring equipment fail at a reporting month? Yes No | | | equipment failed: | |
| ach the form. | ose results a | and submit them with | If yes, wer continuous | If yes, were grab samples collected every fou continuous monitoring equipment was returned Yes No. | | | ed to service? Date it was returned to | |
| . 31111. | | | Attach gra | |] Yes □ No results and submit then | n with this f | service: form. / / | |
| | me: Heath I | Phelps | | Title: Buil | ding Maintenance tech | (| Operator Certification #: | |
| ature: Phone #: (541) 785-7225 | | | | | | | OR | |
| ature: | 14/ | 7 | | Phone #: | (541) 785-7225 | | OR | |