


**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 April/2024 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 | .32 | House 567 .22 |
| 2 | 0700 | Booster Pump | .33 | |
| 3 | 0700 | Booster Pump | .36 | |
| 4 | 0700 | Booster Pump | .34 | House 5613 .23 |
| 5 | 0700 | Booster Pump | .30 | |
| 6 | 0700 | Booster Pump | .34 | |
| 7 | 0700 | Booster Pump | .33 | |
| 8 | 0700 | Booster Pump | .33 | House 851 .21 |
| 9 | 0700 | Booster Pump | .31 | |
| 10 | 0700 | Booster Pump | .29 | |
| 11 | 0700 | Booster Pump | .25 | House 5620 .16 |
| 12 | 0700 | Booster Pump | .21 | |
| 13 | 0700 | Booster Pump | .22 | |
| 14 | 0700 | Booster Pump | .24 | |
| 15 | 0700 | Booster Pump | .22 | House 567 .13 |
| 16 | 0700 | Booster Pump | .21 | |
| 17 | 0700 | Booster Pump | .21 | |
| 18 | 0700 | Booster Pump | .24 | House 5613 .15 |
| 19 | 0700 | Booster Pump | .26 | |
| 20 | 0700 | Booster Pump | .30 | |
| 21 | 0700 | Booster Pump | .28 | |
| 22 | 0700 | Booster Pump | .33 | House 851 .18 |
| 23 | 0700 | Booster Pump | .36 | |
| 24 | 0700 | Booster Pump | .34 | |
| 25 | 0700 | Booster Pump | .37 | House 5620 .21 |
| 26 | 0700 | Booster Pump | .38 | |
| 27 | 0700 | Booster Pump | .40 | |
| 28 | 0700 | Booster Pump | .44 | |
| 29 | 0700 | Booster Pump | .41 | House 567 .28 |
| 30 | 0700 | Booster Pump | .37 | |
| 31 | | Booster Pump | | |

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 | GWS Serving More Than 3,300 | |
|--|---|--|
| If yes, did you monitor every four hours until the residual returned to 0.2 mg/L? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attach those results and submit them with this form.</i> | Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attach grab sample results and submit them with this form.</i> | Date continuous monitoring equipment failed: / / Date it was returned to service: / / |

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| Printed Name: Heath Phelps Signature:  Date: 05 / 02 / 2024 | Title: Building Maintenance Tec Phone #: (541) 785-7225 | Operator Certification #: OR Small Groundwater System <input type="checkbox"/> |
|--|--|--|