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/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 t distribution system (mg/		Notes	
1	0700	Booster Pump		.44			
2	0700	Booster Pump		.46		11 507 40	
3	0700	Booster Pump		.50		House 567 .40	
4	0700	Booster Pump		.49			
5	0700	Booster Pump		.53			
6	0700	Booster Pump		.55			
7	0700	Booster Pump		.56		5040	1.1
8	0700	Booster Pump		.56		House 5613 .4	44
9	0700	Booster Pump		.54			
10	0700	Booster Pump		.53			
11	0700	Booster Pump		.57		House 851 .45)
12	0700	Booster Pump		.56			
13	0700	Booster Pump		.55			
14	0700	Booster Pump		.56			A 4
15	0700	Booster Pump		.52		House 5620 .4	41
16	0700	Booster Pump		.50			
17	0700	Booster Pump		.47			
18	0700	Booster Pump		.49		House 567 .4	0
19	0700	Booster Pump		.48			
20	0700	Booster Pump		.44			
21	0700	Booster Pump		.41			
22	0700	Booster Pump		.42		House 5613.	36
23	0700	Booster Pump		.43			
24	0700	Booster Pump		.45			
25	0700	Booster Pump		.44 House 851 .		38	
26	0700	Booster Pump		.45			
27	0700	Booster Pump		.44			
28	0700	Booster Pump		.47			
29	0700	Booster Pump		.46		House 5620	.36
30	0700	Booster Pump		.46			
31	0700	Booster Pump		.44			
10/00	Was the chlorine residual ever less than the required minimum residual of 0.2 mg/L? Yes No						
vvas If vo	c what was	the longest time period until	the required	level was restored? h	ours		
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							
		ng 3,300 or Fewer	Did continuous monitoring equipment fail at any reporting month? ☐ Yes ☐ No			ì	Date continuous monitoring
If ye	s, did you m	onitor every four hours				equipment failed:	
until	until the residual returned to 0.2 mg/L? ☐Yes ☐ No			If yes, were grab samples collected every four locontinuous monitoring equipment was returned			1 1
							Date it was returned to
		sults and submit them with	continuous monitoring equipment was returned Yes No				service:
this	form.		Attach grab sample results and submit them wi			with this form.	
						Operator Certification #:	
Print	ed Name: H	eath Phelps		Title: Building Maintenance Tec		·	
Sign	ature:			Phone #: (541) 785-7225		OR	
Date: 8 / 6 / 2024							roundwater System 🔲