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

Date   Time	System Name Idaho Power- Oxbow Village PWS ID# 4 1 00384							
Date   Time	EP-B, Entry Point for  Month/Year Sept/2024 Entry Point: Copperfield Park Well Required Minimum Residual 0.2 mg/L							
2 0700 Booster Pump	Date	Time	Source(s) in use		residual at entry point to			
2 0700 Booster Pump	1	0700	Booster Pump		.42			
3								
4						House 851 .30		
5			Booster Pump					
7		0700			.39	House 5620 .31		
8	6	0700	Booster Pump		.39			
9 0700 Booster Pump	7		Booster Pump					
10								
11						House 567 .30		
12								
13								
14			· · · · · · · · · · · · · · · · · · ·			House 5613 .29		
15			<del> </del>					
16			<del> </del>					
17     0700     Booster Pump								
18						House 851 .27		
19    0700								
20    0700   Booster Pump   .33								
21 0700 Booster Pump .33 22 0700 Booster Pump .33 23 0700 Booster Pump .31 House 567 .22 24 0700 Booster Pump .28 25 0700 Booster Pump .30 26 0700 Booster Pump .30 House 5613 .21 27 0700 Booster Pump .30 28 0700 Booster Pump .29 29 0700 Booster Pump .28 30 0700 Booster Pump .29 29 0700 Booster Pump .28 House 851 .19 31 Booster Pump .28 House 851 .19 31 Booster Pump .28 Booster Pump .28 House 851 .19 31 Booster Pump .28 Booster Pump .28 Booster Pump .29 Booster Pump .20 Booster						House 5620	J .25	
22   0700   Booster Pump   .33   House 567 .22							MANUFACTURE STATE	
23 0700 Booster Pump .31 House 567 .22  24 0700 Booster Pump .28  25 0700 Booster Pump .30 House 5613 .21  27 0700 Booster Pump .30 House 5613 .21  28 0700 Booster Pump .29  29 0700 Booster Pump .28  30 0700 Booster Pump .28  31 Booster Pump .28 House 851 .19  31 Booster Pump .28 House 851 .19  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 If yes, were grab samples collected every four hours until the residual returned to 0.2 mg/L? Yes No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? Date it was returned to service:    Yes   No   No   No   No   No   No   No   N							CONTROL TO THE PROPERTY OF THE	
24 0700 Booster Pump .28 25 0700 Booster Pump .30 26 0700 Booster Pump .30 House 5613 .21 27 0700 Booster Pump .30 28 0700 Booster Pump .29 29 0700 Booster Pump .28 30 0700 Booster Pump .28 30 0700 Booster Pump .28 House 851 .19 31 Booster Pump .28 House 851 .19 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 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.  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?  Attach grab sample results and submit them with this form.  Printed Name: Heath Phelps. Title: Building Maintenance Tec Signature: ☐ Phone #: (541) 785-7225 OR			•			House F67	20	
25    0700   Booster Pump   .30   House 5613 .21						nouse 50/	.44	
26    0700   Booster Pump   .30   House 5613 .21			•				WAR to 24 to 10 to	
27 0700   Booster Pump   .30			,		J	House 5613 21		
28 0700 Booster Pump .29 29 0700 Booster Pump .28 30 0700 Booster Pump .28 House 851 .19 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 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.  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 those results and submit them with this form.  Printed Name: Heath Phelps ☐ Title: Building Maintenance Tec  Signature: ☐ Operator Certification #:  OR						House 3013 .21		
29 0700 Booster Pump .28 30 0700 Booster Pump .28 House 851 .19 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 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.  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?  Attach grab sample results and submit them with this form.  Printed Name: Heath Phelps  Title: Building Maintenance Tec Signature:  Phone #: (541) 785-7225  OR								
30 0700 Booster Pump  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  If yes, did you monitor every four hours until the residual returned to 0.2 mg/L? ☐ Yes ☐ No  ☐ Yes ☐ No  Attach those results and submit them with this form.  Printed Name: Heath Phelps ☐ Title: Building Maintenance Tec  Signature: ☐ Phone #: (541) 785-7225 ☐ OR  House 851 .19  House 851 .19  Booster Pump  Aves ☐ No  If yes, was restored? hours  Bate 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?  Attach grab sample results and submit them with this form.  Phone #: (541) 785-7225 ☐ OR			<del></del>				21/21/20/00 21/20/20/20 21/20/20/20/20/20/20/20/20/20/20/20/20/20/	
Booster Pump						House 851	19	
Was the chlorine residual ever less than the required minimum residual of 0.2 mg/L?		0100	<del> </del>			110030 001		
GWS Serving 3,300 or Fewer  If yes, did you monitor every four hours until the residual returned to 0.2 mg/L?    Yes								
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.  ☐ Printed Name: Heath Phelps ☐ Title: Building Maintenance Tec  ☐ Phone #: (541) 785-7225  ☐ Date 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?  ☐ Date continuous monitoring equipment failed:  ☐ / Date it was returned to service:  ☐ / Date it was returned	·							
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.  ☐ Printed Name: Heath Phelps ☐ Title: Building Maintenance Tec  ☐ Phone #: (541) 785-7225  ☐ Date 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?  ☐ Date continuous monitoring equipment failed:  ☐ / Date it was returned to service:  ☐ / Date it was returned								
until the residual returned to 0.2 mg/L?  ☐ Yes ☐ No  Attach those results and submit them with this form.  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.  ☐ Printed Name: Heath Phelps ☐ Title: Building Maintenance Tec ☐ Operator Certification #: ☐ OR ☐ OR ☐ OR	If yes, did you monitor every four hours until the residual returned to 0.2 mg/L?						1	
Attach those results and submit them with this form.  If yes, were grab samples collected every four nours until the continuous monitoring equipment was returned to service?  Attach grab sample results and submit them with this form.  Printed Name: Heath Phelps  Title: Building Maintenance Tec  Operator Certification #:  Signature:  Phone #: (541) 785-7225  OR				reporting month? Yes No				
this form.    Yes   No   Service:   Attach grab sample results and submit them with this form.   /     Printed Name: Heath Phelps   Title: Building Maintenance Tec   Operator Certification #:   Signature:   Phone #: (541) 785-7225   OR							Data it was referensed to	
Attach grab sample results and submit them with this form.  Printed Name: Heath Phelps.  Title: Building Maintenance Tec  Operator Certification #:  Signature:  Phone #: (541) 785-7225  OR								
Printed Name: Heath Phelps Title: Building Maintenance Tec Operator Certification #:  Signature: Phone #: (541) 785-7225 OR	uno IVIII.			<u> </u>				
Signature: Phone #: (541) 785-7225 OR								
	Printed Name: Heath Phelps			Title: Building Maintenance Tec		Operator Certification #:		
	Signatur	re: 1/2	H	Phone #: (541) 785-7225		OR		
Date: 10 / 03 / 2024 Small Groundwater System ☐		(0				Small G	roundwater System	