


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 | June/2025 | 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 | .44 | |
| 2 | 0700 | Booster Pump | .43 | House 851 .30 |
| 3 | 0700 | Booster Pump | .44 | |
| 4 | 0700 | Booster Pump | .41 | |
| 5 | 0700 | Booster Pump | .39 | |
| 6 | 0700 | Booster Pump | .42 | |
| 7 | 0700 | Booster Pump | .42 | House 5620 .32 |
| 8 | 0700 | Booster Pump | .44 | |
| 9 | 0700 | Booster Pump | .45 | |
| 10 | 0700 | Booster Pump | .46 | House 567 .33 |
| 11 | 0700 | Booster Pump | .44 | |
| 12 | 0700 | Booster Pump | .41 | |
| 13 | 0700 | Booster Pump | .39 | |
| 14 | 0700 | Booster Pump | .37 | House 5613 .29 |
| 15 | 0700 | Booster Pump | .40 | |
| 16 | 0700 | Booster Pump | .41 | |
| 17 | 0700 | Booster Pump | .41 | House 851 .30 |
| 18 | 0700 | Booster Pump | .40 | |
| 19 | 0700 | Booster Pump | .42 | |
| 20 | 0700 | Booster Pump | .44 | |
| 21 | 0700 | Booster Pump | .41 | House 5620 .31 |
| 22 | 0700 | Booster Pump | .40 | |
| 23 | 0700 | Booster Pump | .40 | |
| 24 | 0700 | Booster Pump | .39 | House 567 .29 |
| 25 | 0700 | Booster Pump | .42 | |
| 26 | 0700 | Booster Pump | .41 | |
| 27 | 0700 | Booster Pump | .40 | |
| 28 | 0700 | Booster Pump | .42 | House 5613 .30 |
| 29 | 0700 | Booster Pump | .40 | |
| 30 | 0700 | Booster Pump | .40 | |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attach those results and submit them with this form.</i> | GWS Serving More Than 3,300 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: / / |
|---|---|--|

| | | |
|---|--|--|
| Printed Name: <u>Heath Phelps</u> Signature:  Date: 07 / 07 / 2025 | Title: Building Maintenance Tec Phone #: (541) 785-7225 | Operator Certification #: OR Small Groundwater System <input type="checkbox"/> |
|---|--|--|