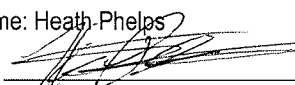## State of Oregon Drinking Water Program
## Monthly Disinfection Report for Ground Water Systems

| System Name | Idaho Power- Oxbow Village | PWS ID# | 4 1 00384 |

EP-B, Entry Point for

| Month/Year | Oct/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 | .30 | |
| 2 | 0700 | Booster Pump | .28 | House 567 .18 |
| 3 | 0700 | Booster Pump | .28 | |
| 4 | 0700 | Booster Pump | .30 | |
| 5 | 0700 | Booster Pump | .30 | |
| 6 | 0700 | Booster Pump | .32 | House 5613 .20 |
| 7 | 0700 | Booster Pump | .30 | |
| 8 | 0700 | Booster Pump | .31 | |
| 9 | 0700 | Booster Pump | .30 | House 851 .20 |
| 10 | 0700 | Booster Pump | .31 | |
| 11 | 0700 | Booster Pump | .34 | |
| 12 | 0700 | Booster Pump | .36 | |
| 13 | 0700 | Booster Pump | .33 | House 5620 .21 |
| 14 | 0700 | Booster Pump | .33 | |
| 15 | 0700 | Booster Pump | .33 | |
| 16 | 0700 | Booster Pump | .36 | House 567 .24 |
| 17 | 0700 | Booster Pump | .34 | |
| 18 | 0700 | Booster Pump | .31 | |
| 19 | 0700 | Booster Pump | .33 | |
| 20 | 0700 | Booster Pump | .32 | House 5613 .23 |
| 21 | 0700 | Booster Pump | .32 | |
| 22 | 0700 | Booster Pump | .34 | |
| 23 | 0700 | Booster Pump | .34 | House 851 .24 |
| 24 | 0700 | Booster Pump | .35 | |
| 25 | 0700 | Booster Pump | .31 | |
| 26 | 0700 | Booster Pump | .35 | |
| 27 | 0700 | Booster Pump | .33 | House 5620 .24 |
| 28 | 0700 | Booster Pump | .34 | |
| 29 | 0700 | Booster Pump | .31 | |
| 30 | 0700 | Booster Pump | .34 | House 567 .24 |
| 31 | | Booster Pump | .36 | |

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? ☐Yes ☐ No *Attach those results and submit them with this form.* | Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No<br><br>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? ☐ Yes ☐ No<br>*Attach grab sample results and submit them with this form.* | Date continuous monitoring equipment failed:<br>/ /<br>Date it was returned to service:<br>/ / |

| Printed Name: Heath Phelps | Title: Building Maintenance Tec | Operator Certification #: |
|---|---|---|
| Signature: | Phone #: (541) 785-7225 | OR |
| Date: 11 / 04 / 2025 | | Small Groundwater System ☐ |