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 Jan/2026	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	.36	
2	0700	Booster Pump	.36	
3	0700	Booster Pump	.34	
4	0700	Booster Pump	.36	
5	0700	Booster Pump	.37	House 5620 .26
6	0700	Booster Pump	.38	
7	0700	Booster Pump	.36	
8	0700	Booster Pump	.36	House 567 .26
9	0700	Booster Pump	.34	
10	0700	Booster Pump	.34	
11	0700	Booster Pump	.34	
12	0700	Booster Pump	.32	House 5613 .22
13	0700	Booster Pump	.32	
14	0700	Booster Pump	.34	
15	0700	Booster Pump	.33	House 851 .23
16	0700	Booster Pump	.32	
17	0700	Booster Pump	.32	
18	0700	Booster Pump	.34	
19	0700	Booster Pump	.32	House 5620 .22
20	0700	Booster Pump	.34	
21	0700	Booster Pump	.34	
22	0700	Booster Pump	.36	House 567 .26
23	0700	Booster Pump	.38	
24	0700	Booster Pump	.38	
25	0700	Booster Pump	.42	
26	0700	Booster Pump	.44	House 5613 .34
27	0700	Booster Pump	.44	
28	0700	Booster Pump	.46	
29	0700	Booster Pump	.41	House 851 .31
30	0700	Booster Pump	.44	
31	0700	Booster Pump	.48	

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 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.*	Date continuous monitoring equipment failed: / / Date it was returned to service: / /
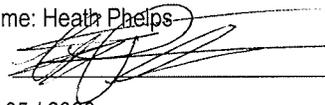
Printed Name: Heath Phelps Signature: Date: 02 / 05 / 2026	Title: Building Maintenace Tec Phone #: (541) 785-7225	Operator Certification #: OR Small Groundwater System ☐