


**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 Feb/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     | .49  |                |
| 2    | 0700 | Booster Pump     | .48  | House 5620 .38 |
| 3    | 0700 | Booster Pump     | .49  |                |
| 4    | 0700 | Booster Pump     | .51  |                |
| 5    | 0700 | Booster Pump     | .54  | House 567 .39  |
| 6    | 0700 | Booster Pump     | .58  |                |
| 7    | 0700 | Booster Pump     | .59  |                |
| 8    | 0700 | Booster Pump     | .55  |                |
| 9    | 0700 | Booster Pump     | .58  | House 5613 .44 |
| 10   | 0700 | Booster Pump     | .60  |                |
| 11   | 0700 | Booster Pump     | .58  |                |
| 12   | 0700 | Booster Pump     | .58  | House 851 .46  |
| 13   | 0700 | Booster Pump     | .59  |                |
| 14   | 0700 | Booster Pump     | .57  |                |
| 15   | 0700 | Booster Pump     | .58  |                |
| 16   | 0700 | Booster Pump     | .55  |                |
| 17   | 0700 | Booster Pump     | .51  | House 5620 .42 |
| 18   | 0700 | Booster Pump     | .52  |                |
| 19   | 0700 | Booster Pump     | .51  | House 567 .41  |
| 20   | 0700 | Booster Pump     | .48  |                |
| 21   | 0700 | Booster Pump     | .47  |                |
| 22   | 0700 | Booster Pump     | .48  |                |
| 23   | 0700 | Booster Pump     | .48  | House 5613 .36 |
| 24   | 0700 | Booster Pump     | .45  |                |
| 25   | 0700 | Booster Pump     | .46  |                |
| 26   | 0700 | Booster Pump     | .47  | House 851 .38  |
| 27   | 0700 | Booster Pump     | .44  |                |
| 28   | 0700 | Booster Pump     | .43  |                |
| 29   |      | Booster Pump     |  |                |
| 30   |      | 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

|  |   |
|--|---|
| <p><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to 0.2 mg/L?<br/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach those results and submit them with this form.</i></p> | <p align="center"><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?<br/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach grab sample results and submit them with this form.</i></p> |
| <p>Date continuous monitoring equipment failed:      /      /</p> <p>Date it was returned to service:      /      /</p>  |   |

|  |                                 |   |
|--|---------------------------------|---|
| Printed Name: Heath Phelps   | Title: Building Maintenance Tec | Operator Certification #:                         |
| Signature:  | Phone #: (541) 785-7225         | OR  |
| Date: 03 / 03 / 2026   |                                 | Small Groundwater System <input type="checkbox"/> |