

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

System Name	Idaho Power- Oxbow Village	PWS ID#	4 1 00384
Month/Year	MAR/2021	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	0800	Booster Pump	.32	House 5620 .22
2	0620	Booster Pump	.31	
3	0700	Booster Pump	.32	
4	1345	Booster Pump	.32	House 565 .23
5	0700	Booster Pump	.33	
6	0700	Booster Pump	.30	
7	0700	Booster Pump	.28	
8	0700	Booster Pump	.29	House 5613 .14
9	0700	Booster Pump	.28	
10	0700	Booster Pump	.29	
11	0700	Booster Pump	.28	House 851 .12
12	0700	Booster Pump	.27	
13	1120	Booster Pump	.24	
14	0530	Booster Pump	.23	
15	0800	Booster Pump	.23	House 5620 .17
16	0700	Booster Pump	.21	
17	0700	Booster Pump	.22	
18	0621	Booster Pump	.24	House 565 .14
19	0700	Booster Pump	.21	
20	0700	Booster Pump	.29	
21	0700	Booster Pump	.22	
22	0700	Booster Pump	.24	House 5613 .14
23	0700	Booster Pump	.20	
24	0645	Booster Pump	.20	
25	0645	Booster Pump	.20	House 851 .12
26	0745	Booster Pump	.23	
27	0900	Booster Pump	.25	
28	0800	Booster Pump	.20	
29	0700	Booster Pump	.31	House 5620 .11
30	1600	Booster Pump	.23	
31	0700	Booster Pump	.23	

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>GWS Serving 3,300 or Fewer</p> <p>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</p> <p><i>Attach those results and submit them with this form.</i></p>	<p>GWS Serving More Than 3,300</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? <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>
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Printed Name: Tim Ferguson	Title: Field Engineer	Operator Certification #:
Signature:	Phone #: (541) 785-7293	OR
Date: 04 / 01 / 2021		Small Groundwater System <input checked="" type="checkbox"/>