


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 **April/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	0745	Booster Pump	.25	House 565 .15
2	0700	Booster Pump	.28	
3	0845	Booster Pump	.21	
4	1500	Booster Pump	.20	
5	0615	Booster Pump	.21	House 5613 .14
6	0720	Booster Pump	.22	
7	0700	Booster Pump	.21	
8	0630	Booster Pump	.24	House 851 .12
9	0700	Booster Pump	.25	
10	1800	Booster Pump	.20	
11	1000	Booster Pump	.20	
12	0700	Booster Pump	.23	House 5620 .15
13	0740	Booster Pump	.24	
14	0746	Booster Pump	.21	
15	0700	Booster Pump	.20	House 565.16
16	0800	Booster Pump	.21	
17	1545	Booster Pump	.21	
18	0700	Booster Pump	.22	
19	0700	Booster Pump	.20	House 5613.13
20	0700	Booster Pump	.23	
21	0700	Booster Pump	.30	
22	0700	Booster Pump	.22	House 851.15
23	0720	Booster Pump	.20	
24	0700	Booster Pump	.20	
25	0720	Booster Pump	.21	
26	0700	Booster Pump	.21	House 5620.14
27	0700	Booster Pump	.22	
28	0730	Booster Pump	.21	
29	0800	Booster Pump	.23	House 565 .15
30	0700	Booster Pump	.22	
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>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 Signature:  Date: 05 / 05 / 2021	Title: Field Engineer Phone #: (541) 785-7293	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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