

**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 Sept/2021

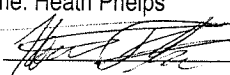
EP-B, Entry Point for
Entry Point: Copperfield Park Well

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	.35	House 5620 .21
3	0700	Booster Pump	.34	
4	0700	Booster Pump	.32	
5	0700	Booster Pump	.30	
6	0700	Booster Pump	.29	House 565 .18
7	0700	Booster Pump	.29	
8	0700	Booster Pump	.30	
9	0700	Booster Pump	.31	House 5613 .22
10	0700	Booster Pump	.27	
11	0700	Booster Pump	.31	
12	0700	Booster Pump	.29	
13	0700	Booster Pump	.28	House 851 .18
14	0700	Booster Pump	.27	House 5620 .20
15	0700	Booster Pump	.26	
16	0700	Booster Pump	.25	
17	0700	Booster Pump	.23	
18	0700	Booster Pump	.24	
19	0700	Booster Pump	.23	
20	0700	Booster Pump	.21	House 565 .13
21	0700	Booster Pump	.22	
22	0700	Booster Pump	.22	
23	0700	Booster Pump	.21	House 5613 .12
24	0700	Booster Pump	.24	
25	0700	Booster Pump	.27	
26	0700	Booster Pump	.23	
27	0700	Booster Pump	.25	House 851 .15
28	0700	Booster Pump	.24	
29	0700	Booster Pump	.25	
30	0700	Booster Pump	.26	House 5620 .16
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 during 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: Heath Phelps	Title: Building Maintenance Tec	Operator Certification #:
Signature: 	Phone #: (541) 785-7225	OR
Date: 10 / 04 / 2021		Small Groundwater System <input checked="" type="checkbox"/>