

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 Jan/2022

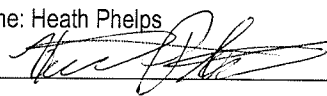
EP-B, Entry Point for  
 Entry Point: Copperfield Park Well

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	.20	
2	0700	Booster Pump	.20	
3	0700	Booster Pump	.23	House 851 .12
4	0700	Booster Pump	.52	
5	0700	Booster Pump	.41	
6	0700	Booster Pump	.21	House 5620 .12
7	0700	Booster Pump	.20	
8	0700	Booster Pump	.40	
9	0700	Booster Pump	.52	
10	0700	Booster Pump	.58	House 567 .22
11	0700	Booster Pump	.62	
12	0700	Booster Pump	.55	
13	0700	Booster Pump	.59	House 5613 .23
14	0700	Booster Pump	.54	
15	0700	Booster Pump	.55	
16	0700	Booster Pump	.56	
17	0700	Booster Pump	.61	House 851 .32
18	0700	Booster Pump	.58	
19	0700	Booster Pump	.62	
20	0700	Booster Pump	.63	House 5620 .34
21	0700	Booster Pump	.58	
22	0700	Booster Pump	.39	
23	0700	Booster Pump	.56	
24	0700	Booster Pump	.55	House 567 .38
25	0700	Booster Pump	.53	
26	0700	Booster Pump	.56	
27	0700	Booster Pump	.51	House 5613 .45
28	0700	Booster Pump	.46	
29	0700	Booster Pump	.48	
30	0700	Booster Pump	.45	
31	0700	Booster Pump	.44	House 851 .39

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?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach those results and submit them with this form.</i></p>	<p style="text-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?  <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 Signature:  Date: 02 / 01 / 2022	Title: Building Maintenance Tech Phone #: (541) 785-7225	Operator Certification #: OR Small Groundwater System <input type="checkbox"/>
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