

**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 **May/2022**

Entry Point: **EP-B, Entry Point for
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		
2	0700	Booster Pump	.32	
3	0700	Booster Pump	.32	House 567 .20
4	0700	Booster Pump	.33	
5	0700	Booster Pump	.39	
6	0700	Booster Pump	.34	House 5613.22
7	0700	Booster Pump	.33	
8	0700	Booster Pump	.38	
9	0700	Booster Pump	.34	
10	0700	Booster Pump	.36	House 851 .24
11	0700	Booster Pump	.32	
12	0700	Booster Pump	.33	
13	0700	Booster Pump	.36	House 5620 .26
14	0700	Booster Pump	.31	
15	0700	Booster Pump	.33	
16	0700	Booster Pump	.32	
17	0700	Booster Pump	.32	House 567 .22
18	0700	Booster Pump	.30	
19	0700	Booster Pump	.38	
20	0700	Booster Pump	.44	House 5613 .26
21	0700	Booster Pump	.51	
22	0700	Booster Pump	.55	
23	0700	Booster Pump	.60	
24	0700	Booster Pump	.60	House 851 .44
25	0700	Booster Pump	.57	
26	0700	Booster Pump	.55	
27	0700	Booster Pump	.54	House 5620 .36
28	0700	Booster Pump	.58	
29	0700	Booster Pump	.56	
30	0700	Booster Pump	.55	
31	0700	Booster Pump	.56	House 567 .35

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

GWS Serving 3,300 or Fewer
 If yes, did you monitor every four hours until the residual returned to 0.2 mg/L?
 Yes No
 Attach those results and submit them with this form.

GWS Serving More Than 3,300
 Did continuous monitoring equipment fail at any time this reporting month? Yes No
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?
 Yes No
 Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:
 / /
 Date it was returned to service:
 / /

Printed Name: **Heath Phelps**
 Signature: _____
 Date: **6/7/2022**

Title: **Building Maintenance**
 Phone #: **(541) 795-7225**

Operator Certification #: _____
 OR
 Small Groundwater System