

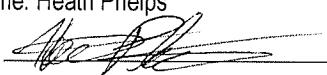
State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name Idaho Power- Oxbow Village PWS ID# 4 1 00384
 EP-B, Entry Point for
 Month/Year Dec/2022 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	.54	House 5613 .40
2	0700	Booster Pump	.51	
3	0700	Booster Pump	.48	
4	0700	Booster Pump	.46	
5	0700	Booster Pump	.45	House 851 .33
6	0700	Booster Pump	.44	
7	0700	Booster Pump	.43	
8	0700	Booster Pump	.43	House 5620 .30
9	0700	Booster Pump	.49	
10	0700	Booster Pump	.51	
11	0700	Booster Pump	.51	
12	0700	Booster Pump	.54	House 567 .36
13	0700	Booster Pump	.57	
14	0700	Booster Pump	.54	
15	0700	Booster Pump	.55	House 5613 .40
16	0700	Booster Pump	.56	
17	0700	Booster Pump	.57	
18	0700	Booster Pump	.55	
19	0700	Booster Pump	.56	House 851 .42
20	0700	Booster Pump	.58	
21	0700	Booster Pump	.60	
22	0700	Booster Pump	.56	House 5620 .43
23	0700	Booster Pump	.56	
24	0700	Booster Pump	.52	
25	0700	Booster Pump	.51	
26	0700	Booster Pump	.50	
27	0700	Booster Pump	.49	House 567 .36
28	0700	Booster Pump	.48	
29	0700	Booster Pump	.46	House 5613 .30
30	0700	Booster Pump	.46	
31	0700	Booster Pump	.47	

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 style="text-align: center;">GWS Serving More Than 3,300</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;"> Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 <i>Attach grab sample results and submit them with this form.</i> </td> <td style="width: 40%;"> Date continuous monitoring equipment failed: / / Date it was returned to service: / / </td> </tr> </table>	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 <i>Attach grab sample results and submit them with this form.</i>	Date continuous monitoring equipment failed: / / Date it was returned to service: / /
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Printed Name: Heath Phelps Signature:  Date: 01 / 03 / 2023	Title: Building Maintenance Tec Phone #: (541) 785-7225	Operator Certification #: OR Small Groundwater System <input type="checkbox"/>
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