

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

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| System Name | Idaho Power- Oxbow Village | PWS ID# 4 1 00384 |
| Month/Year | Jan/2023 | Required Minimum Residual 0.2 mg/L |
| | Entry Point: EP-B, Entry Point for Copperfield Park Well | |

| Date | Time | Source(s) in use | Lowest free chlorine residual at entry point to distribution system (mg/L) | Notes |
|------|------|------------------|--|----------------|
| 1 | 0700 | Booster Pump | .46 | |
| 2 | 0700 | Booster Pump | .46 | |
| 3 | 0700 | Booster Pump | .45 | House 851 .33 |
| 4 | 0700 | Booster Pump | .44 | |
| 5 | 0700 | Booster Pump | .44 | House 5620 .34 |
| 6 | 0700 | Booster Pump | .43 | |
| 7 | 0700 | Booster Pump | .44 | |
| 8 | 0700 | Booster Pump | .41 | |
| 9 | 0700 | Booster Pump | .42 | House 567 .30 |
| 10 | 0700 | Booster Pump | .39 | |
| 11 | 0700 | Booster Pump | .38 | |
| 12 | 0700 | Booster Pump | .41 | House 5613 .29 |
| 13 | 0700 | Booster Pump | .37 | |
| 14 | 0700 | Booster Pump | .40 | |
| 15 | 0700 | Booster Pump | .37 | |
| 16 | 0700 | Booster Pump | .40 | |
| 17 | 0700 | Booster Pump | .37 | House 851 .27 |
| 18 | 0700 | Booster Pump | .36 | |
| 19 | 0700 | Booster Pump | .38 | House 5620 .28 |
| 20 | 0700 | Booster Pump | .34 | |
| 21 | 0700 | Booster Pump | .35 | |
| 22 | 0700 | Booster Pump | .31 | |
| 23 | 0700 | Booster Pump | .30 | House 567 .20 |
| 24 | 0700 | Booster Pump | .32 | |
| 25 | 0700 | Booster Pump | .32 | |
| 26 | 0700 | Booster Pump | .31 | House 5613 .20 |
| 27 | 0700 | Booster Pump | .32 | |
| 28 | 0700 | Booster Pump | .31 | |
| 29 | 0700 | Booster Pump | .33 | |
| 30 | 0700 | Booster Pump | .31 | House 851 .21 |
| 31 | 0700 | Booster Pump | .30 | |

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

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| <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: Heath Phelps | Title: Building Maintenance Tec | Operator Certification #: |
| Signature: | Phone #: (541) 785-7225 | OR |
| Date: 02 / 01 / 2023 | | Small Groundwater System <input type="checkbox"/> |