

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

PWS ID# 41 00506

Required Minimum Residual 0.4 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1		Spr. #1-3/Pirates	0.49	
2			0.52	
3			0.52	
4			0.54	
5			0.53	
6			0.52	
7			0.50	
8			0.51	
9			0.52	
10			0.51	
11			0.51	
12			0.51	
13			0.50	
14			0.50	
15			0.53	
16			0.51	
17			0.51	
18			0.50	
19			0.49	
20			0.48	
21			0.48 0.52	
22			0.62	
23			0.57 0.60	
24			0.57	
25			0.53	
26			0.46	
27			0.44	
28			0.55	
29			0.59	
30			0.52	
31			0.49	

Was the chlorine residual ever less than the required minimum residual of 0.40 mg/L? ☐ Yes ☒ No

hours – If > 4 hours, Drinking Water Program to be

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? ☐ 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 as required? ☐ 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: Phil Chick

Signature: Phil Clark

Date: 4 / 4 / 25

Title: DRC

Phone #: (503) 739-2348

Operator Certification #: D-08178

OR

Small Groundwater System ☐