State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

System Name Carmel Beach Water District PWS ID# 4 1 00565

Month/Year 2/2025 Entry Point: Sink 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	7:00		1.17	
2	7:00		1.20	
3	7:00		1.19	
4	7:00		1.17	
5	7:00		1.18	
6	7:00		1.16	
7	7:00		1.17	
8	7:00		1.08	
9	7:00		1.02	
10	7:00		0.90	
11	7:00		1.10	
12	7:00		1.01	
13	7:00		1.07	
14	7:00		0.95	
15	7:00		0.95	
16	7:00		1.15	
17	7:00		1.00	
18	7:00		1.13	
19	7:00		1.10	
20	7:00		10.9	
21	7:00		1.04	
22	7:00		1.05	
23	7:00		1.01	
24	7:00		0.98	

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25	7:00		0.99	
26	7:00		1.13	
27	7:00		1.22	
28	7:00		1.19	
29	7:00		1.03	
30	7:00		1.01	
31	7:00		1.04	

Was the chlorine residual ever less than the required minimum residual of 0.4 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 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: Kim Vertner

Title: President

Signature: _____

Phone #: 971.716.5372

Date: 3/1/2025

Operator Certification #: 33-061-0228

OR

Small Groundwater System