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

	1.0017-17-7	/2021 Entry	Point: EPA	Wellfiel	.d Req	uired Minim	um Residual 0,2 mg/l	
Date	Time Source(s		s) in use	residual at	Lowest free chlorine residual at entry point to distribution system (mg/L)		Notes	
1	10:00 AW	# 124		0.85	your (mg/L)			
2	10:15AM	1,2,4		0.86		GME.		
3	8:21 AM	#1,2,4		0.83		C.M.	E	
4	8:174m	#4		0.84			Y.E	
5	7:58 Aun			0,70			M.E.	
7	8:08 Am	#2,4,6		0.77			1 E	
8	8:45 Am	44		0.67		100	NE	
		#4		0.67		0.1	ME	
9	7:5 9Am =	42,4,6		0.79		1	ME	
11	8:46 km.	#4		0.66		1	M.E.	
12	7:43 Am :	6,000		0.81		1	ME.	
13	8:16 AM 3	#124		0,82		1	ME	
	8:44 Avn #	1124		0.82		1	M.E.	
	8:05 Am +			0.66		0	ME	
16	A STOLE .	144		8,77	mal		S.M.F.	
	- 30 A 1	# 1,2 4		88.93	mal	1	ME	
18	9:39 Am	# 2,46		8.70	mal		ME	
9	Aller A B Dec A	# 14		10,65	mal		ME	
20	9: 15/Am	# 4		8,75	Mal	-	C.M.E.	
1		# 4		8.57	00		C.M.E.	
	9:30Am	世 4		2.94	mal		C. M. E.	
_	10:26 Am			0.88	mal	(CME	
		NONE		0.51	Mal		CME	
5 0	2 42/	# 4		0.69	MGL		C.M.E.	
6	9 1 100 1	# 4		2.61	ngl		CME	
7 8	3:50 Am	世 日		8.55	ngl		C.M.E.	
	1200	# 4		8,54	mgl		C.M.E.	
9 8	3:56	#4		8.63	mal		C.M.E.	
0 9	3; 28 m =	+124		(1).	ngl		C.M.E.	
1 0		# 12 11		2.63	mal		C.ME.	
s the	chlorine residu	ial over less than the		₾.57	mal		C.M.E.	
es, wh	at was the lor	ual ever less than the ngest time period unt	required minimu il the required leve	m residual of 🗞 🎝 el was restored?	L mg/L? ☐ \ hours	es No		
SWS .	Serving 3,	300 or Fewer			Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is th	re Than 2 '	300	
yes, did you monitor every four hours til the residual returned to mg/L? Did continuous reporting month				GWS Serving More Than 3,300 nonitoring equipment fail at any time this P Yes No			Date continuous monitoring	
ach tho form.	ose results and	d submit them with	If yes, were gra	b samples collectenitoring equipment	ed every four ho	ours until the o service?	equipment failed: / / Date it was returned to	
			Attach grab san	mple results and si		this form.	service:	
ted Name: Floyd Stalcup Title:				WTILL TYWORKER THE		Operator Certification #: 7-08 948		
	11 12	Stolenp	Phor	e#:(541)974-3742		OR		