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

		City Of Oa			PWS	S ID# 4 1	- 00582	
Month	Year Fe6	/ 2025 Entry	Point: EPA	Wellfield		ired Minim	um Residual	0₀2 mg/L
Date	Time	Source(s	s) in use	Lowest free residual at er distribution sys	itry point to	a a	Notes	
1	8:00	井山		0.41	MgL	C	ME	
2	8:00	#4		0.49	nge		ME	
3	9:30		•	0.52	mar		M.E	
4	10,00	14		0.68	mgL		W E	
5	9:00	#4		0.56	mal		ME	
6	9:40	4		0.68	mgc		.m.E	
7	11:40	#4		0.63	mak.	har	.M.E	3
8	9:56	#4		6.78	Mgl	0	ME	
10	9:24	世上		0.54	MgL		ME	
11	9:03			0.66	mge		ME	
12	8:30	7,4,6		0.65	migh		m 6	
13	8:00	持 4	•	0.61	NGL		ME	
14	9:40	#4		0.59	MYL		m &	
15	10:39	# 2,4,6		0.54	MgL		ME	
	10:65	41		0,67	Mal		ME	
	10:11	# 4		0.71	Mal		ME	
18		2,4			MGL		EME .	-
19	9:20	2.4		-60	9		M.E	
20	8:40	2.4		0.00	mge		E.M.E.	38
21	10:00	4		0,69	MAL		c.m.E	
22	3:06	426		0,5%	smal		4 1	
23	200	4		0.58			mie	
24	3:45	Н	,a	0.20	mal		ME	
	7:45	2.4		0.94			Cim.E	
26	9,00	2.4.6		0.8	1 mgc		c.m.E	
27	8:40	4		0.84	MgZ		c.m.E	
28	1:00en	4		0.84	mac		CME.	
29					9			
30								
31								
		ual ever less than the ngest time period unt			mg/L? Ye	es 🗌 No		
GWS :	Serving 3	300 or Fewer	GWS Serving More Than 3,300					
	you monitor esidual returr	every four hours ned to mg/L?	Did continuous monitoring equipment fail at any time this reporting month? Yes No Date continuous monitoring equipment failed:					
Attach those results and submit them with this form.			If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?					
ļ			Attach grab sample results and submit them with this form.					
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ignature:	Cli	+ Cill	Phone #: (\$41) \$54~ 7698 OR				-00771	
ate: 🌂	131,	2025				Small Gro	oundwater Syster	n []
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