

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

System Name Pioneer Park CO-OP PWS ID# 41 00784
 Month/Year 2/2021 Entry Point: _____ Required Minimum Residual 1.2 mg/L

Date	Time	Source(s) In use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1				
2			.40	
3			.40	
4			.35	
5			.35	
6			.30	
7			.30	
8			.30	
9			.30	
10			.30	
11			.35	
12			.35	
13			.40	
14			POWER OUT - NO WATER	
15				
16				
17				
18				
19				
20				
21			1.50	
22			1.20	
23			.80	
24			.50	
25			.40	
26			.45	
27			.40	
28			.40	
29			.40	
30			X	
31			X	

Was the chlorine residual ever less than the required minimum residual of _____ mg/L? Yes No
 If yes, what was the longest time period until the residual level was restored? _____ Hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.

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: MIKE BEYER Title: _____
 Signature: _____ Phone #: (____) _____
 Date: 2/28/21

Operator Certification #: _____
 OR
 Small Groundwater System

To: AWS 971-673-0458
attn: Linda Braund

Ø email

phone #'s 503-364-1886 Mike Beyer
~ or ~
503-708-8129 Karon Albin