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 4/21 Entry Point: _____ Required Minimum Residual .2 mg/L

| Date | Time | Source(s) in use | Lowest free chlorine residual at entry point to distribution system (mg/L) | Notes |
|---|---|---|---|---|
| 1 | | | .50 | |
| 2 | | | .50 | |
| 3 | | | .40 | |
| 4 | | | .40 | |
| 5 | | | .40 | |
| 6 | | | .40 | |
| 7 | | | .40 | |
| 8 | | | .40 | |
| 9 | | | .40 | |
| 10 | | | .40 | |
| 11 | | | .40 | |
| 12 | | | .40 | |
| 13 | | | .40 | |
| 14 | | | .40 | |
| 15 | | | .40 | |
| 16 | | | .40 | |
| 17 | | | .50 | |
| 18 | | | .50 | |
| 19 | | | .50 | |
| 20 | | | .50 | |
| 21 | | | .40 | |
| 22 | | | .35 | |
| 23 | | | .35 | |
| 24 | | | .30 | |
| 25 | | | .30 | |
| 26 | | | .30 | |
| 27 | | | .30 | |
| 28 | | | .35 | |
| 29 | | | .30 | |
| 30 | | | .30 | |
| 31 | | | | |

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 #: (503) 364-1886

Date: 4/30/21

Operator Certification #: _____

OR

Small Groundwater System ☐