

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

System Name PIONEER PARK COOP PWS ID# 41 00784
 Month/Year 5/2021 Entry Point: _____ Required Minimum Residual .20 mg/L

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

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.

| | | |
|---|---|---|
| <p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach those results and submit them with this form.</i></p> | <p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach grab sample results and submit them with this form.</i></p> | <p>Date continuous monitoring equipment failed: _____/_____/_____ Date it was returned to service: _____/_____/_____</p> |
|---|---|---|

Printed Name: MIKE BEYER Title: _____ Operator Certification #: _____
 Signature: _____ Phone #: (____) _____ OR
 Date: 5/31/2021 Small Groundwater System