State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

System Name: Pioneer Park Co-op PWS ID# 41 00734

Month/Year: 10/21 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			.25	
2			.25	
3			.25	
4			.25	
5			.25	
6			.20	
7			.25	
8			.25	
9			.20	
10			.20	
11			.20	
12			.20	
13			.20	
14			.20	
15			.20	
16			.25	
17			.30	
18			.25	
19			.25	
20			.20	
21			.20	
22			.20	
23			.20	
24			.20	
25			.20	
26			.20	
27			.20	
28			.20	
29			.20	
30			.20	
31			.20	

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 required 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: 11/1/21

Operator Certification #: _____

OR

Small Groundwater System ☐