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

Monthr/year	System Name <u>PIONEER PARK COOP</u> PW						00784	
Date Time Source(s) in use residual at entry point to distribution system (mg/L)	Month/Year <u>11 / 2021</u> Entry Point: F					quired Minimu	m Residual20 mg/L	
20	Date	Time	Source(s)	n use	residual at entry point to		Notes	
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The chlorine residual ever less than the required minimum residual of					<u>· ,20</u>		<u> </u>	
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Was the chlorine residual ever less than the required minimum residual ofmg/L?					, 20		· · · · · · · · · · · · · · · · · · ·	
Was the chlorine residual ever less than the required minimum residual ofmg/L? ☐ Yes ☐ No If yes, what was the longest time period until the req. *d 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 tomg/L, as required? ☐ Yes ☐ No Attach those results and submit them with this form. Did continuous finving equipment fall at any time this equipment failed: If yes, were grab samples fine to service as continuous monitoring equipment failed: Yes ☐ No	29				,20			
Was the chlorine residual ever less than the required minimum residual ofmg/L?				,	,20			
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If yes, did you monitor every four hours until the residual returned tomg/l_ as required?	If yes, what was the longest time period until the real and level was restored? Hours - If > 4 hours, Drinking Water Program to be							
If yes, did you monitor every four hours until the residual returned tomg/l. as required?	GW	GWS Serving 3,300 or Fewer GWS Serving More Than 3,300						
until the residual returned tomg/l_ as required?	1	_	•	Did continuous fix ving equipment fall at any tim		time this		
required?	until the residual returned to mg/L as						equipment failed:	
Attach those results and submit them with this form. Continuous monitoring equip. Was returned to service as required? Attach grab sample results and submit them with this form. Printed Name: MIKE BEYER Title: Operator Certification #:	required? 🗆 Yes 🗆 No			If yes, were grab samples betted every four h		ours until the		
this form. required? Yes Transfer Service: Attach grab sample results and submit them with this form. Printed Name: MIKE BEYER Title: Operator Certification #: OR	Attach those results and submit them with			continuous monitoring equip. * was returned.		to service as		
Printed Name: MIKE BEYER Title: Operator Certification #: Signature: Phone #:() OR	this form.			A STATE OF THE STA			service:	
Signature: Phone #; () OR				Attack-grab sample results and submit them will		h this form.	/	
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December 19, 2012