

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

System Name PIONEER PARK COOP PWS ID# 41 00784

Month/Year 12/2021 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    |      |                  | .20  |       |
| 2    |      |                  | .20  |       |
| 3    |      |                  | .20  |       |
| 4    |      |                  | .20  |       |
| 5    |      |                  | .20  |       |
| 6    |      |                  | .20  |       |
| 7    |      |                  | .20  |       |
| 8    |      |                  | .20  |       |
| 9    |      |                  | .20  |       |
| 10   |      |                  | .20  |       |
| 11   |      |                  | .20  |       |
| 12   |      |                  | .20  |       |
| 13   |      |                  | .20  |       |
| 14   |      |                  | .20  |       |
| 15   |      |                  | .20  |       |
| 16   |      |                  | .20  |       |
| 17   |      |                  | .20  |       |
| 18   |      |                  | .20  |       |
| 19   |      |                  | .20  |       |
| 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 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?  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: 12/31/2021

Operator Certification #: \_\_\_\_\_  
 OR  
 Small Groundwater System