

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 2/2023 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			.30	
3			.30	
4			.30	
5			.30	
6			.30	
7			.30	
8			.30	
9			.30	
10			.25	
11			.30	
12			.20	
13			.26	
14			.20	
15			.40	
16			.50	
17			.50	
18			.50	
19			.45	
20			.45	
21			.40	
22			.35	
23			.35	
24			.35	
25			.35	
26			.35	
27			.35	
28			.35	
29			X	
30			X	
31			X	

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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input checked="" 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 checked="" 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 #: (\_\_\_\_) \_\_\_\_\_  
 Date: 3/1/2023

OR  
 Small Groundwater System