

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



System Name PIONEER PARK CD-OP PWS ID# 41 00784  
 Month/Year 4/2023 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			.25	
6			.25	
7			.25	
8			.50	
9			.50	
10			.50	
11			.50	
12			.50	
13			.50	
14			.40	
15			.30	
16			.30	
17			.30	
18			.30	
19			.30	
20			.30	
21			.30	
22			.30	
23			.30	
24			.30	
25			.30	
26			.30	
27			.30	
28			.30	
29			.30	
30			.30	
31			X	

Was the chlorine residual ever less than the required minimum residual of .20 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 <u>    </u> mg/L as required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</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"/> 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>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: _____</p> <p>Date it was returned to service: _____</p>
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Printed Name: MIKE BEYER Title: \_\_\_\_\_ Operator Certification #: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ OR  
 Date: 5/1/23 Small Groundwater System