

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

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>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 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 type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Did continuous monitoring equipment fail?                  _____ / _____ / _____                  Date it was returned to service:                  _____ / _____ / _____</p>
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Printed Name: MIKE BEYER Title: \_\_\_\_\_ Operator Certification #: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Date: 11/3/23

OR  
 Small Groundwater System