

**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 1/2025 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			.35	
3			.35	
4			.35	
5			.35	
6			.35	
7			.35	
8			.35	
9			.35	
10			.35	
11			.35	
12			.35	
13			.30	
14			.30	
15			.30	
16			.20	
17			.30	
18			.30	
19			.30	
20			.30	
21			.30	
22			.30	
23			.30	
24			.30	
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 required 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: _____ Date it was returned to service: _____
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Printed Name: MIKE BEYER Title: _____ Operator Certification #: _____
 Signature: _____ Phone #: (____) _____ OR
 Date: 2/2/25 Small Groundwater System ☐