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 2/2025 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			.25	
2			.25	
3			.30	
4			.30	
5			.30	
6			.30	
7			.30	
8			.30	
9			.30	
10			.30	
11			.30	
12			.30	
13			.30	
14			.30	
15			.30	
16			.30	
17			.30	
18			.30	
19			.30	
20			.30	
21			.30	
22			.30	
23			.30	
24			.25	
25			.25	
26			.30	
27			.30	
28			.30	
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 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? ☐ 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? ☐ Yes ☐ 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: 2/28/25

Operator Certification #: _____

OR

Small Groundwater System ☐

To: AWS 971-673-0458
attn: Linda Braund

Ø email

phone #'s 503-364-1886 Mike Beyer

~ or ~

503-708-8129 Karon Albin