

**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 4/2025 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			.25	
4			.20	
5			.20	
6			.20	
7			.20	
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			.30	
25			.30	
26			.30	
27			.30	
28			.30	
29			.30	
30			.30	
31			.30	

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: 4/30/25

Operator Certification #: \_\_\_\_\_

OR

Small Groundwater System ☐