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 6/2025 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			.40	
2			.40	
3			.30	
4			.30	
5			.30	
6			.30	
7			.30	
8			.30	
9			.30	
10			.30	
11			.30	
12			.30	
13			.30	
14			.20	
15			.20	
16			.20	
17			.20	
18			.40	
19			.40	
20			.40	
21			.30	
22			.30	
23			.30	
24			.30	
25			.30	
26			.30	
27			.30	
28			.30	
29			.20	
30			.20	
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: 7/3/25

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