

**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 7/2025 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			.20	
2			.20	
3			.20	
4			.40	
5			.50	
6			.40	
7			.40	
8			.40	
9			.40	
10			.40	
11			.50	
12			.50	
13			.40	
14			.40	
15			.40	
16			.35	
17			.35	
18			.35	
19			.35	
20			.35	
21			.35	
22			.35	
23			.35	
24			.35	
25			.35	
26			.40	
27			.40	
28			.40	
29			.40	
30			.30	
31			.20	

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: _____

Operator Certification #: _____

Signature: _____

Phone #: (____) _____

OR

Date: 8/1/25

Small Groundwater System ☐