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

Operator Certification #: _____

OR

Small Groundwater System ☐

December 19, 2012