

State of Oregon Drinking Water Program  
Monthly Disinfection Report for Ground Water Systems

System Name <u>PIONEER PARK CD-OP</u>			PWS ID# 41 <u>00784</u>	
Month/Year <u>11/2025</u>		Entry Point:	Required Minimum Residual <u>.20 mg/L</u>	
Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1			.30	
2			.30	
3			.30	
4			.30	
5			.30	
6			.30	
7			.25	
8			.25	
9			.25	
10			.25	
11			.20	
12			.20	
13			.25	
14			.50	
15			.50	
16			.50	
17			.30	
18			.30	
19			.30	
20			.30	
21			.30	
22			.30	
23			.30	
24			.30	
25			.30	
26			.25	
27			.25	
28			.25	
29			.25	
30			.25	
31			X	
Was the chlorine residual ever less than the required minimum residual of <u>.20</u> mg/L? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the longest time period until the required level was restored? <u>  </u> Hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.				
<b>GWS Serving 3,300 or Fewer</b> If yes, did you monitor every four hours until the residual returned to <u>.20</u> mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attach those results and submit them with this form.</i>		<b>GWS Serving More Than 3,300</b> Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were grab samples tested every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attach grab sample results and submit them with this form.</i>		
Printed Name: <u>MIKE BEYER</u>		Title: _____	Operator Certification #: _____	
Signature: _____		Phone #: (_____) _____	OR _____	
Date: <u>12/14/25</u>		Small Groundwater System <input type="checkbox"/>		