

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

System Name <u>PIONEER PARK CO-OP</u>		PWS ID# 41 <u>00784</u>
Month/Year <u>11/2025</u>	Entry Point: _____	Required Minimum Residual <u>.20</u> mg/L

  

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 \_\_\_\_\_ 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.

<p><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>	<p><del>Date continuous monitoring equipment failed: _____/_____/_____</del></p> <p><del>Date it was returned to service: _____/_____/_____</del></p>
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Printed Name: <u>MIKE BEYER</u>	Title: _____	Operator Certification #: _____
Signature: _____	Phone #: (____) _____	OR
Date: <u>12/4/25</u>		Small Groundwater System <input type="checkbox"/>