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

			1	10		DIA	CID# 41 0004		
System	Name Ax	plewood	Entry Point:	Well Hi	PWS ID# 41 00840 Pell House Required Minimum Residual mg/L 90				
wonth/	real OZI Z	.021			Lowest	free chlorine		THE PERSON NAMED IN	
					residual a	at entry point to		Notes	
Date	Time	Sc	Source(s) in use		distribution system (mg/L)			1:-02	
				0		19	Boil W	aternotice-	
1	7:07PM		l hous	الا	1	5/2	49		
2	10:19 PM	11 11			85		3 (wa	2 Lirent Tom	
3	854:PM	11 1(411		1		
4	900 AM	11	11		-1	85	3 /10 r	201	
5	900 Am)1	11		,511		10000	1	
6	mam	11	11		-1097	.87	10 Cup		
7	83DAM	71	11		2 80			1	
8	815AM	11	11		,9		010	almeterbet	
9		- 1	#15		, 5	12	ALGINED	allien	
	11:40 AM		nous	01	,79	1,89	20ux)5	
10	815 AM		11		17/	1.86	2 Cuy	25	
11	930AM))			70	1110	locus	DY	
12	730 Am	11	11		00	1.1.10	4		
13	9.10 Am	et	11		.88		200 2000	er (chlorine)	
14	10:am	11	1-		84	00	new me		
15	800 Ar	11	11		-74)	82	7000		
16	8:00 Am	11			77/1.87		cups	Elips	
17		11	11		180	11.31	2 mps		
18	1:50 pm	11	11		1.08	1			
	2:45 pm		"		,85				
19	8:40 mm				179	1,791,84	2 aps		
20	9:50 AM	11			art	11.0		1	
21	834AM		11	-	675	.70	2 CLPS AM	3 CUPS PM	
22	9:00 m	n	lı		81	410			
23	9:00 Am	11	N			Market Control		The state of the s	
24	9:20 Am		η	92 38 3	.81	1	tern	NAME OF STREET	
25	9:13 Am		u		1076	1	Trup	nk installed	
26	10:30 an		11		.88	1 00		nk instance	
27	9:30 Am		1		181	1.84	1 cmb	•	
			N. Control of the con		18.		1.500	20	
28	9:30 AM					THE LOW			
29									
30									
31	MARKET SE				um reciduo	of mg/L?	Yes No	THE RESERVE	
Was	the chlorine	residual ever l	ess than the	required minim	ium residua	storod? hours	If > 4 hours Drinkin	a Motor Drogram t	
15 vos	what was t	he longest tim	e period until	the required la	evel was res	stored? Hours -	11 2 4 HOURS, DRINKIN	g Water Program to be	
notifi	ed by end of	next business	day.					AND DESCRIPTION OF THE PERSON	
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300									
GWS Serving 5,500 of 1 ewer									
I If we did you would be an individual and individu									
until the residual returned to mg/L as									
required? Yes Yes, were grab samples collected every four hours until the									
Attac	h those resu	ilts and submi	t them with	Continuous monitoring equipment as retained to service as Dato it was					
this	form. On 1	ward	ater	service.					
lino i	tino			Attach grab sample results and submit them with this form.					
10	tice				THE RESERVE AND ADDRESS OF THE PERSON.		TOTAL.	112	
Title: ()(1)()									
Printed Name: Rend Hern H(19) Phone #: (84) (1915-2901) Operator Certification #:									
o restures To M Plet Allega									
Date:	11		- 6 fallowin	g month by	either em	ail dwp.dmce	. Small (Groundwater System	
	Re	turn by 10th	of following	g Water Sen	vices, PO	Box 14350 Po	state.or.us; fax	971-670 System	
		or mai	to Drinkin			.000, 100	uand, OR 97202	0073-0694	

August 22, 2019