

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

System Name A. Lewiswood PWS ID# 41 00840
 Month/Year 03 / 2021 Entry Point: Wellhouse Required Minimum Residual mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	8:12 AM	V173 Well House	1.13	
2	8:00 AM	"	.77 / .82	1 cup @ .77 + 3 cups
3	10:00 AM	"	.83	1 cup
4	9:00 AM	"	.71 / .82	2 cups
5	12:12 AM	"	.86	1 cup
x 6	10:00 AM	"	.79 / .94	2 cups
x 7	10:00 AM	"	.73 / .88	2 cups
8	9:30 AM	"	.86	
9	9:20 AM	"	.69 / .89	2 cups
10	10:00 AM	"	.68 / .85	3 cups
11	12:00 PM	"	.86	
x 12	9:00 AM	"	.84	(Swapped lids to pull from Zool Et-Tan)
x 13	9:20 AM	"	.91	
x 14	9:30 AM	"	.82	1 cup
15	9:30 AM	"	.85	
16	10:00 AM	Well House	.77 / .90	2 cups
17	9:30 AM	"	.79 / .87	2 cups
18	9:30 AM	"	.72 / .81	3 cups
x 19	9:00 AM	"	.86	1 cup
x 20	11:00 AM	"	.80 / -	2 cups
x 21	9:00 AM	"	.71 / .89	3 cups
22	7:30 AM	"	.93	1 cup
23	7:00 AM	"	.83	2 cups
24	7:20 AM	"	.80	4 cups
25	7:05 AM	"	.82	3 cups
x 26	11:00 AM	"	.78 / .99	3 cups
x 27	11:00 AM	"	.87	2 cups
x 28	9:00 AM	"	.84	2 cups
29	7:15 AM	"	1.03	
30	7:15 AM	"	1.00	
31	7:15 AM	"	.85	2 cups

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: Drew Arseneaux Title: Water Tester
 Signature: Drew Arseneaux Phone #: (541) 505-2538
 Date: / /

Operator Certification #: _____
 OR
 Small Groundwater System

Return by 10th of following month by either email dwp.dnce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.