

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

System Name ACKA2 - Pal. Seals

PWS ID# 41 00923

Month/Year MAR 2023 Entry Point: Pump house

Required Minimum Residual 0.20 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	2125	Well EP	.36	
2	0112	Well EP	.34	
3	1111	well EP	.34	
4	2000	well EP	.33	
5	0745	well EP	.31	
6	2010	well EP	.30	
7	2115	well EP	.35	
8	0712	well EP	.35	
9	0725	well EP	.34	
10	0715	well EP	.33	
11	0935	well EP	.33	
12	1155	well EP	.32	
13	1235	well EP	.32	
14	0745	well EP	.31	
15	2315	well EP	.39	
16	1722	well EP	.38	
17	2100	well EP	.36	
18	1835	well EP	.38	
19	1930	well EP	.38	
20	1945	well EP	.38	
21	2025	well EP	.38	
22	2100	well EP	.38	
23	1200	well EP	.37	
24	1515	well EP	.35	
25	1533	well EP	.33	
26	1245	well EP	.33	
27	1800	well EP	.33	
28	1645	well EP	.33	
29	1715	well EP	.35	
30	2100	well EP	.40	
31	1430	Well EP	.38	

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>GWS Serving 3,300 or Fewer</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>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" 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>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: _____ Title: DRC Operator Certification #: 6085
 Signature: [Signature] Phone #: (541) 206-3976 OR
 Date: 4/5/2023 Small Groundwater System

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