System Name	City Of Wheeler	PWS ID# 41 00952		
Month/Year:	Feb-23	Entry Point: EP-C	Required Minimum Residual 0.2 mg/L	
Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	8:00 AM	Foss Road Wells 1 & 2	0.54	Normal Operations
2	8:00 AM	Foss Road Wells 1 & 2	0.60	Normal Operations
3	8:00 AM	Foss Road Wells 1 & 2	0.63	Normal Operations
4	8:00 AM	Foss Road Wells 1 & 2	0.62	Normal Operations
5	8:00 AM	Foss Road Wells 1 & 2	0.67	Normal Operations
6	8:00 AM	Foss Road Wells 1 & 2	0.58	Normal Operations
7	8:00 AM	Foss Road Wells 1 & 2	0.68	Normal Operations
8	8:00 AM	Foss Road Wells 1 & 2	0.68	Normal Operations
9	8:00 AM	Foss Road Wells 1 & 2	0.53	Normal Operations
10	8:00 AM	Foss Road Wells 1 & 2	0.66	Normal Operations
11	8:00 AM	Foss Road Wells 1 & 2	0.64	Normal Operations
12	8:00 AM	Foss Road Wells 1 & 2	0.69	Normal Operations
13	8:00 AM	Foss Road Wells 1 & 2	0.67	Normal Operations
14	8:00 AM	Foss Road Wells 1 & 2	0.65	Normal Operations
15	8:00 AM	Foss Road Wells 1 & 2	0.66	Normal Operations
16	8:00 AM	Foss Road Wells 1 & 2	0.55	Normal Operations
17	8:00 AM	Foss Road Wells 1 & 2	0.55	Normal Operations
18	8:00 AM	Foss Road Wells 1 & 2	0.60	Normal Operations
19	8:00 AM	Foss Road Wells 1 & 2	0.66	Normal Operations
20	8:00 AM	Foss Road Wells 1 & 2	0.65	Normal Operations
21	8:00 AM	Foss Road Wells 1 & 2	0.64	Normal Operations
22	8:00 AM	Foss Road Wells 1 & 2	0.63	Normal Operations
23	8:00 AM	Foss Road Wells 1 & 2	0.68	Normal Operations
24	8:00 AM	Foss Road Wells 1 & 2	0.61	Normal Operations
25	8:00 AM	Foss Road Wells 1 & 2	0.66	Normal Operations
26	8:00 AM	Foss Road Wells 1 & 2	0.58	Normal Operations
27	8:00 AM	Foss Road Wells 1 & 2	0.64	Normal Operations
28	8:00 AM	Foss Road Wells 1 & 2	0.64	Normal Operations
		e required minimum residual of 0.2mg/L ail the required level was restored?	YES NO 0	
GWS Serving 3,300 or Fewer		(GWS Serving More then 3,300	
If yes, did you monitor every four untail until the residual returned to 0.02 mg/L?		Did continuous monitoring equipment fail at any time this reporting month? \Box YES \bigtriangledown NO		Date continuous monitoring
Attach those results and submit them with this form.		If yes, were grab samples collected every four hours until the		equipment faied: / / Date it was returned to
		Attach grab sample results and submit them with this form.		service:
Printed Name: Danie	el L Weitzel	Title: Treatment DRC		#: WD1#7191 / WT2#08183
Signature: Daniel L Weitzel		Phone#:(503) 812-2727 OR		
Date:	3/1/2023	······································	Small Ground	dwater System

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