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

System Name CSWA CHEHALEN			SPRINGS PWS ID# 4 1 01518			
Month/Year 02/2021 Entry Point: EP-A (Skelton) Required Minimum Residual 0.20 mg/L						
Date	Time	Source(s) i	n use	Lowest free chlorine residual at entry point to distribution system (mg/L	)	Notes
1	8:00 A	Skelton Spring		1.99		
2	8:00 A	Skelton Spring		1.54		
3	8:00 A	Skelton Spring		1.75		
4	8:00 A	Skelton Spring		1.99		
5	8:00 A	Skelton Spring		0.53		
6	8:00 A	Skelton Spring		0.69		
7	8:00 A	Skelton Spring		1.21		
8	8:00 A	Skelton Spring		1.87		
9	8:00 A	Skelton Spring		1.85		
10	8:00 A	Skelton Spring		1.61		
11	8:00 A	Skelton Spring		1.58		
12	8:00 A	Skelton Spring		1.42		
13	8:00 A	Skelton Spring		1.39		
14	8:00 A	Skelton Spring		1.13		
15	8:00 A	Skelton Spring		1.49		
16	8:00 A	Skelton Spring		1.96		
17	8:00 A	Skelton Spring		0.84		
18	8:00 A	Skelton Spring		1.87		
10	8:00 A	1 8		0.66		
20	8:00 A	Skelton Spring Skelton Spring		0.84		
20		· · ·				
21	8:00 A 8:00 A	Skelton Spring		0.50		
		Skelton Spring				
23	8:00 A	Skelton Spring		1.42		
24	8:00 A	Skelton Spring		1.66		
25	8:00 A	Skelton Spring		1.92		
26	8:00 A	Skelton Spring		1.85		
27	8:00 A	Skelton Spring		1.49		
28	8:00 A	Skelton Spring		0.67		
29					_	
30					_	
31						
Was the chlorine residual ever less than the required minimum residual of 0.20 mg/L? $\Box$ Yes $\boxtimes$ No If yes, what was the longest time period until the required level was restored? hours – <u>If &gt; 4 hours, Drinking Water Program to be</u> <u>notified by end of next business day.</u>						
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300						
	-		Did continuous monitoring equipment fail at any time this Date continuous monitoring			
If yes, did you monitor every four hours until the residual returned to mg/L as required? Yes No					ing une uns	equipment failed:
Attach those results and submit them with			If yes, were grab samples collected every four hours until the / / / continuous monitoring equipment was returned to service as Date it was returned to			
this form.			required? $\square$ Yes $\square$ No $N/A$ service:			
N/A			Attach grab sample results and submit them with this form.			
Printed N	Name: Aaron	Olson	Title: DRC		Operator Certification #: T-09128, D-08773	
Signatur	e:	Ucon Olse	Phone #: (503) 554-8333		OR	
		v				
Date: 03 / 06 / 2021 Small Groundwater System						