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

System Name CSWA CHEHALEM SPRINGS PWS ID# 4 1 01518							
Month/Year 07/2021 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			0.35			
2	8:00 A	Skelton Spring		0.43			
3	8:00 A	Skelton Spring		0.75			
4	8:00 A	Skelton Spring		0.67			
5	8:00 A	Skelton Spring		1.21			
6	8:00 A	Skelton Spring		1.97			
7	8:00 A	Skelton Spring		0.79			
8	8:00 A	Skelton Spring		1.88			
9	8:00 A	Skelton Spring		1.34			
10	8:00 A	Skelton Spring		1.02			
11	8:00 A	Skelton Spring		1.03			
12	8:00 A	Skelton Spring		0.64			
13	8:00 A	Skelton Spring		0.58			
14	8:00 A	Skelton Spring		0.55			
15	8:00 A	Skelton Spring		0.49			
16	8:00 A	Skelton Spring		0.46			
17	8:00 A	Skelton Spring		0.48			
18	8:00 A	Skelton Spring		0.45			
19	8:00 A	Skelton Spring		0.71			
20	8:00 A	Skelton Spring		0.91			
21	8:00 A	Skelton Spring		1.74			
22	8:00 A	Skelton Spring		0.45			
23	8:00 A	Skelton Spring		0.62			
24	8:00 A	Skelton Spring		0.91			
25	8:00 A	Skelton Spring		1.29			
26	8:00 A	Skelton Spring		1.69			
27	8:00 A	Skelton Spring		0.53			
28	8:00 A	Skelton Spring		0.50			
29	8:00 A	Skelton Spring		0.46			
30	8:00 A	Skelton Spring		1.99			
31	8:00 A	Skelton Spring		0.48			
If yes, v	what was the	sidual ever less than the e longest time period unti ext business day.		m residual of 0.20 mg/L?   el was restored? hours		orinking Water Program to be	
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300							
If yes, did you monitor every four hours until the residual returned to mg/L as required? Yes No			Did continuous monitoring equipment fail at any time the reporting month? $\square$ Yes $\square$ No $N/A$ If yes, were grab samples collected every four hours under the same of the sam			Date continuous monitoring equipment failed:	
Attach those results and submit them with			continuous monitoring equipment was returned to service as			Date it was returned to service:	
this form. $N/A$			required? Yes No N/A			service:	
Attach grab sample results and submit them with this form.						1 1	
Printed I	Name: Aaror	n Olson	Title: DRC		Operator Certification #: T-09128, D-08773		
Signatur	re:	Goon Olse	Pho	Phone #: (503) 554-8333		OR	
Date: 08 / 06 / 2021					Small Groundwater System		
Sitial Groundwater System							