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

System	Name	CSWA CHEHALEM S	PRINGS	PWS ID# 4 1 01518		
Month/Year 10/2021 Entry Point: EP-A (Skelton) Required Minimum Residual 0.20 n						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		0.46		
2	8:00 A	Skelton Spring		0.83		
3	8:00 A	Skelton Spring		0.94		
4	8:00 A	Skelton Spring		0.68		
5	8:00 A	Skelton Spring		0.74		
6	8:00 A	Skelton Spring		0.43		
7	8:00 A	Skelton Spring		1.91		
8	8:00 A	Skelton Spring		1.24		
9	8:00 A	Skelton Spring		0.81		
10	8:00 A	Skelton Spring		0.72		
11	8:00 A	Skelton Spring		0.69		
12	8:00 A	Skelton Spring		0.30		
13	8:00 A	Skelton Spring		0.25		
14	8:00 A	Skelton Spring		1.91		
15 16	8:00 A 8:00 A	Skelton Spring		1.91 1.94		
17	8:00 A	Skelton Spring Skelton Spring		0.52		
18	8:00 A	Skelton Spring		0.30		
19	8:00 A	Skelton Spring		0.32		
20	8:00 A	Skelton Spring		0.38		
21	8:00 A	Skelton Spring		1.98		
22	8:00 A	Skelton Spring		0.23		
23	8:00 A	Skelton Spring		0.21		
24	8:00 A	Skelton Spring		0.22		
25	8:00 A	Skelton Spring		0.54		
26	8:00 A	Skelton Spring		0.32		
27	8:00 A	Skelton Spring		0.36		
28	8:00 A	Skelton Spring		0.85		
29	8:00 A	Skelton Spring		1.79		
30	8:00 A	Skelton Spring		1.94		
31	8:00 A	Skelton Spring		0.74		
Was the chlorine residual ever less than the required minimum residual of 0.20 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	S Servina	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			Did continuous monitoring equipment fail at any time this    Date continuous monitoring			
				$\sim$ Yes $\square$ No $_{ m N/A}$	•	equipment failed:
as required? Yes No			. •	— — IN/A		
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?			service:
	N/A	A	•	rab sample results and submit them with this form.		1 1
Printed Name: Aaron Olson			Title: DRC		Operator Certification #: T-09128, D-08773	
Signatur	e:	Joon Olse	Phone #: (503) 554-8333		OR	
Date: 11	1 / 08 / 2021			Small Groundwater System		