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 01/2022 Entry Point: EP-A (Skelton) Required Minimum Residual 0.20 mg/L						Residual 0.20 mg/L
Date	Time	Time Source(s) i		Lowest free chlorine residual at entry point to distribution system (mg/L		Notes
1	8:00 A	Skelton Spring		1.13		
2	8:00 A	Skelton Spring		0.61		
3	8:00 A	Skelton Spring		0.27		
4	8:00 A	Skelton Spring		1.06		
5	8:00 A	Skelton Spring		0.90		
6	8:00 A	Skelton Spring		0.87		
7	8:00 A	Skelton Spring		0.49		
8	8:00 A	Skelton Spring		0.44		
9	8:00 A	Skelton Spring		0.39		
10	8:00 A	Skelton Spring		0.35		
11	8:00 A	Skelton Spring		0.46		
12	8:00 A	Skelton Spring		0.57		
13	8:00 A	Skelton Spring		0.32		
14	8:00 A	Skelton Spring		0.47		
15	8:00 A	Skelton Spring		0.51		
16	8:00 A	Skelton Spring		0.59		
17	8:00 A	Skelton Spring		0.52		
18	8:00 A	Skelton Spring		0.74		
19	8:00 A	Skelton Spring		0.93		
20	8:00 A	Skelton Spring		1.35		
21	8:00 A	Skelton Spring		0.61		
22	8:00 A	Skelton Spring		2.07		
23	8:00 A	Skelton Spring		1.60		
24	8:00 A	Skelton Spring		1.77		
25 26	8:00 A	Skelton Spring		0.55		
	8:00 A 8:00 A	Skelton Spring		0.49		
27 28	8:00 A	Skelton Spring		0.32		
29	8:00 A	Skelton Spring Skelton Spring		0.24		
30	8:00 A	Skelton Spring		0.24		
31	8:00 A	Skelton Spring		0.25		
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 Serving 3,300 or Fewer			GWS Serving More Than 3,300			
If yes, did you monitor every four hours			Did continuous monitoring equipment fail at any time this Date continuous monitoring			
until the residual returned to mg/L				n? \square Yes $\dot\square$ No $_{ m N/A}$	•	equipment failed:
as required?			If yes, were grab samples collected every four hours until the			1 1
Attach those results and submit them with			continuous monitoring equipment was returned to service as Date it was returned to			
this form. N/A			required? \square Yes \square No N/A			service:
	IN/A	1	Attach grab saı	Attach grab sample results and submit them with this form.		
Printed Name: Aaron Olson			Title: DRC		Operator Certification #: T-09128, D-08773	
Signature	e:	woon Olse	Phone #: (503) 554-8333		OR	
Date: 02 / 03 / 2022 Small Groundwater System						