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

System Name CSWA CHEHALI			SPRINGS PV		VS ID# 4 1 01518		
Month/Year 02/2022 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		0.66			
2	8:00 A	Skelton Spring		0.72			
3	8:00 A	Skelton Spring		1.03			
4	8:00 A	Skelton Spring		0.89			
5	8:00 A	Skelton Spring		0.91			
6	8:00 A	Skelton Spring		1.05			
7	8:00 A	Skelton Spring		0.84			
8	8:00 A	Skelton Spring		0.79			
9	8:00 A	Skelton Spring		0.65			
10	8:00 A	Skelton Spring		0.49			
11	8:00 A	Skelton Spring		0.32			
12	8:00 A	Skelton Spring		0.44			
13	8:00 A	Skelton Spring		0.49			
14	8:00 A	Skelton Spring		0.59			
15	8:00 A	Skelton Spring		0.37			
16	8:00 A	Skelton Spring		0.53			
17	8:00 A	Skelton Spring		0.69			
18	8:00 A	Skelton Spring		0.72			
19	8:00 A	Skelton Spring		0.74			
20	8:00 A	Skelton Spring		1.15			
21	8:00 A	Skelton Spring		1.04			
22	8:00 A	Skelton Spring		0.98			
23	8:00 A	Skelton Spring		1.11			
24	8:00 A	Skelton Spring		1.20			
25	8:00 A	Skelton Spring		1.42			
26	8:00 A	Skelton Spring		0.66			
27	8:00 A	Skelton Spring		1.44			
28	8:00 A	Skelton Spring		1.24			
29		-1					
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 > 4 hours, Drinking Water Program to be</u>							
notified by end of next business day.							
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300						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 a reporting month? \Box Yes \Box No N/A			Date continuous monitoring equipment failed:	
Attach those results and submit them with this form. $N\!/\!A$			If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? \square Yes \square No N/A Service:				
Attach grab sample results and submit them with this form.							
Printed I	Name: Aaror	n Olson	Title: DRC		Operator Certification #: T-09128, D-08773		
Signatur	e:	Ucon Olse	∼ Pho	Phone #: (503) 554-8333		OR	
Date: 03 / 01 / 2022 Small Groundwater System							