## 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 05/2022 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			0.24		
2	8:00 A	Skelton Spring		0.29		
3	8:00 A	Skelton Spring		0.25		
4	8:00 A	Skelton Spring		0.25		
5	8:00 A	Skelton Spring		0.26		
6	8:00 A	Skelton Spring		0.29		
7	8:00 A	Skelton Spring		0.26		
8	8:00 A	Skelton Spring		0.26		
9	8:00 A	Skelton Spring		0.27		
10	8:00 A	Skelton Spring		0.29		
11	8:00 A	Skelton Spring		0.35		
12	8:00 A	Skelton Spring		0.60		
13	8:00 A	Skelton Spring		0.55		
14	8:00 A	Skelton Spring		0.54		
15	8:00 A	Skelton Spring		0.31		
16	8:00 A	Skelton Spring		0.35		
17	8:00 A	Skelton Spring		0.54		
18	8:00 A	Skelton Spring		0.28		
19	8:00 A	Skelton Spring		0.33		
20	8:00 A	Skelton Spring		0.35		
21	8:00 A	Skelton Spring		0.32		
22	8:00 A	Skelton Spring		0.29		
23	8:00 A	Skelton Spring		0.36		
24	8:00 A	Skelton Spring		0.39		
25	8:00 A	Skelton Spring		0.27		
26	8:00 A	Skelton Spring		0.34		
27	8:00 A	Skelton Spring		0.45		
28	8:00 A	Skelton Spring		0.32		
29	8:00 A	Skelton Spring		0.29		
30	8:00 A	Skelton Spring		0.30		
31	8:00 A	Skelton Spring		0.31		
Was the chlorine residual ever less than the required minimum residual of 0.20 mg/L? Yes No						
If yes,	what was the	e longest time period unti ext business day.	•		<del></del>	Prinking Water Program to be
GWS Serving More Than 3,300						
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If yes, did you monitor every four hours until the residual returned to mg/L			reporting month? $\square$ Yes $\square$ No $N/A$ equipment failed:			Date continuous monitoring
as required? Yes No						/ /
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			Attach grab sample results and submit them with this for			1 1
Attach yiab sample results and submit them with this form.						
Printed I	Name: Aaror	n Olson	Title: DRC		Operator Certification #: T-09128, D-08773	
Signatur	re:	acon Olse	Phone #: (503) 554-8333		OR	
Date: 06 / 02 / 2022					Small Groundwater System □	
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