

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 /2024

Entry Point: EP-A (Skelton)

Required Minimum Residual 0.20 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	07:30P	Skelton Spring	0.62	
2	10:40P	Skelton Spring	0.46	
3	10:00P	Skelton Spring	0.44	
4	05:45A	Skelton Spring	0.50	
5	08:25A	Skelton Spring	0.48	
6	11:35P	Skelton Spring	0.40	
7	06:10A	Skelton Spring	0.42	
8	06:00A	Skelton Spring	0.50	
9	08:25P	Skelton Spring	0.38	
10	08:15P	Skelton Spring	0.21	
11	04:45A	Skelton Spring	0.30	
12	11:55P	Skelton Spring	0.99	
13	11:15P	Skelton Spring	0.24	
14	04:00A	Skelton Spring	0.22	
15	01:30P	Skelton Spring	0.23	
16	12:00A	Skelton Spring	0.23	
17	11:40P	Skelton Spring	0.33	
18	02:30P	Skelton Spring	0.26	
19	06:45P	Skelton Spring	0.70	
20	04:40A	Skelton Spring	1.05	
21	06:55P	Skelton Spring	0.94	
22	03:35P	Skelton Spring	0.71	
23	07:25P	Skelton Spring	0.83	
24	10:40P	Skelton Spring	0.52	
25	08:25P	Skelton Spring	0.37	
26	11:40P	Skelton Spring	0.25	
27	03:05P	Skelton Spring	0.37	
28	09:05A	Skelton Spring	0.39	
29	07:05A	Skelton Spring	0.50	
30	07:30A	Skelton Spring	0.60	
31	05:50A	Skelton Spring	0.63	

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

If yes, did you monitor every four hours until the residual returned to 0.2 mg/L as required? Yes No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? Yes No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: JJ Olson

Signature: 

Date: 08 / 10 / 2024

Title: Compliance Manager

Phone #: (503) 554-8333

Operator Certification #: 766039

OR

Small Groundwater System