

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 05/2025

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	01:05P	Skelton Spring	0.36	
2	06:20P	Skelton Spring	0.36	
3	11:05A	Skelton Spring	0.35	
4	05:50P	Skelton Spring	0.36	
5	09:50P	Skelton Spring	0.37	
6	05:00P	Skelton Spring	0.36	
7	08:55P	Skelton Spring	0.41	
8	03:40P	Skelton Spring	0.40	
9	11:40A	Skelton Spring	0.37	
10	04:40P	Skelton Spring	0.34	
11	12:05P	Skelton Spring	0.31	
12	01:45P	Skelton Spring	0.24	
13	07:15P	Skelton Spring	0.25	
14	11:55P	Skelton Spring	0.25	
15	12:00A	Skelton Spring	0.24	
16	07:40P	Skelton Spring	0.30	
17	10:40A	Skelton Spring	0.22	
18	08:20P	Skelton Spring	0.22	
19	11:00A	Skelton Spring	0.27	
20	08:35A	Skelton Spring	0.21	
21	05:45P	Skelton Spring	0.28	
22	11:45A	Skelton Spring	0.28	
23	05:35A	Skelton Spring	0.29	
24	09:20A	Skelton Spring	0.28	
25	04:05P	Skelton Spring	0.28	
26	09:50A	Skelton Spring	0.28	
27	12:00A	Skelton Spring	0.28	
28	07:05A	Skelton Spring	0.45	
29	09:25P	Skelton Spring	0.44	
30	11:20A	Skelton Spring	0.46	
31	06:20A	Skelton Spring	0.42	

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?
notified by end of next business day.

hours – If > 4 hours, Drinking Water Program to be

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: Curtis Olson

Signature: *Curtis Olson*

Date: 06 / 06 / 2025

Title: Compliance Manager

Phone #: (503) 554-8333

Operator Certification #: 216644

OR

Small Groundwater System ☐