

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

System Name CSWA Chehalem Springs			PWS ID# 41 01518	
Month/Year 09/2025		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	05:40a	Skelton Spring	0.96	
2	04:00p	Skelton Spring	0.96	
3	12:15p	Skelton Spring	1.01	
4	05:15p	Skelton Spring	0.89	
5	10:50p	Skelton Spring	0.71	
6	03:15p	Skelton Spring	0.65	
7	03:45p	Skelton Spring	0.49	
8	05:55a	Skelton Spring	0.46	
9	04:05p	Skelton Spring	0.50	
10	08:35a	Skelton Spring	0.50	
11	06:25a	Skelton Spring	0.49	
12	10:40a	Skelton Spring	0.49	
13	07:50a	Skelton Spring	0.47	
14	08:45a	Skelton Spring	0.47	
15	07:20a	Skelton Spring	0.42	
16	07:10a	Skelton Spring	0.46	
17	04:25p	Skelton Spring	0.58	
18	05:50a	Skelton Spring	0.57	
19	06:40p	Skelton Spring	0.55	
20	01:00p	Skelton Spring	0.55	
21	11:35p	Skelton Spring	0.52	
22	01:10p	Skelton Spring	0.49	
23	09:30a	Skelton Spring	0.47	
24	07:20a	Skelton Spring	0.55	
25	12:10p	Skelton Spring	0.55	
26	07:30a	Skelton Spring	0.52	
27	11:40a	Skelton Spring	0.52	
28	08:10p	Skelton Spring	0.53	
29	12:25p	Skelton Spring	0.52	
30	08:25a	Skelton Spring	0.50	
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<p>Was the chlorine residual ever less than the required minimum residual of 0.20 mg/L? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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.</p>				
GWS Serving 3,300 or Fewer <p>If yes, did you monitor every four hours until the residual returned to 0.2 mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>		GWS Serving More Than 3,300 <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>		
Printed Name: Curtis Olson Signature: <i>Curtis Olson</i> Date: 10 / 10 / 2025		Title: Compliance Manager Phone #: (503) 554-8333		Operator Certification #: 216644 OR Small Groundwater System <input type="checkbox"/>