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 02/2023 Entry Point: EP-B (Snider) Required Minimum Residual 0.14 mg/L							
Date	Time	Source(s) i	n use	distribution system (mg/l			
1	8:03A	Snider Springs		1.20			
2	12:03A	Snider Springs		1.20			
3	12:20A	Snider Springs		1.20			
4	11:03A	Snider Springs		1.20			
5	12:27A	Snider Springs		1.20			
6	2:58A	Snider Springs		1.20			
7	3:59A	Snider Springs		1.20			
8	2:54A	Snider Springs		1.20			
9	12:47A	Snider Springs		1.20			
10	12:25A	Snider Springs		1.20			
11	12:01A	Snider Springs		1.20			
12	4:29A	Snider Springs		1.20			
13	12:04A	Snider Springs		1.20			
14	3:21A	Snider Springs		1.20			
15	2:29A	Snider Springs		1.20			
16	2:56A	Snider Springs		1.20			
17	1:09A	Snider Springs		1.20			
18	4:14A	Snider Springs		1.20			
19	1:45A	Snider Springs		1.20			
20	1:43A	Snider Springs Snider Springs		1.20			
21	12:17A	Snider Springs		1.20			
22	12:36A	Snider Springs		1.20			
23	12:00P	Snider Springs		0.79			
24	3:06P	Snider Springs		0.74			
25	6:58P	Snider Springs		0.93			
26	7:09A	Snider Springs		1.31			
27	11:59P	Snider Springs		0.27			
28	4:19P	Snider Springs		0.92			
29	1.101	Critati opringe		0.02			
30							
31							
Was the chlorine residual ever less than the required minimum residual of 0.14 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 GWS Serving More Than 3,300							
i	_	·	Did continuous	_		Date continuous monitoring	
If yes, did you monitor every four hours until the residual returned to 0.14 mg/L as required? ☐ Yes ☐ No			Did continuous monitoring equipment fail at any time this reporting month? Yes No If yes, were grab samples collected every four hours until the			equipment failed:	
						1 1	
Attach those results and submit them with			continuous monitoring equipment was returned to service a			Date it was returned to	
this form.			required? Yes No			service:	
			Attach grab sar	Attach grab sample results and submit them with this form.		1 1	
Printed Name: JJ Olson			Title: Compliance Manager		Operator Certification #: 766039		
Signatur	re: Jeffre	ry Olson	Phone #: (503) 554-8333		OR		
		g e e e e e e e e e e e e e e e e e e e	Filulie #. (303) 334-0333				
Date: 03	3 / 07 / 2023				Small G	roundwater System 🗌	