

**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 03/2023

Entry Point: EP-B (Snider)

Required Minimum Residual 0.14 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	03:28P	Snider Springs	0.91	
2	04:11A	Snider Springs	0.53	
3	11:51P	Snider Springs	1.02	
4	06:07P	Snider Springs	0.52	
5	08:54A	Snider Springs	0.99	
6	12:02A	Snider Springs	1.00	
7	01:58A	Snider Springs	1.00	
8	10:53A	Snider Springs	0.97	
9	11:06A	Snider Springs	1.18	
10	01:03A	Snider Springs	0.13	
11	04:00P	Snider Springs	1.01	
12	06:48A	Snider Springs	1.13	
13	08:23P	Snider Springs	0.27	
14	05:18A	Snider Springs	1.17	
15	04:00A	Snider Springs	1.46	
16	04:24P	Snider Springs	1.00	
17	12:00P	Snider Springs	0.75	
18	3:00P	Snider Springs	0.80	
19	8:30A	Snider Springs	1.00	
20	12:00P	Snider Springs	1.44	
21	02:25A	Snider Springs	1.41	
22	08:40A	Snider Springs	0.51	
23	10:55P	Snider Springs	1.41	
24	07:59A	Snider Springs	0.53	
25	11:00P	Snider Springs	0.52	
26	07:00P	Snider Springs	0.26	
27	09:00A	Snider Springs	0.45	
28	08:00P	Snider Springs	0.66	
29	12:00P	Snider Springs	0.49	
30	02:00P	Snider Springs	0.52	
31	01:00A	Snider Springs	0.52	

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? 1 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 0.14 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

Title: Compliance Manager

Operator Certification #: 766039

Signature:



Phone #: (503) 554-8333

OR

Date: 04 / 07 / 2023

Small Groundwater System