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 04/2023 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 | 07:40P | Snider Springs | | 0.63 | | |
| 2 | 10:11P | Snider Springs | | 0.68 | | |
| 3 | 09:20A | Snider Springs | | 0.68 | | |
| 4 | 04:01A | Snider Springs | | 0.68 | | |
| 5 | 06:11P | Snider Springs | | 0.69 | | |
| 6 | 07:58P | Snider Springs | | 0.73 | | |
| 7 | 09:19A | Snider Springs | | 0.69 | | |
| 8 | 07:00A | Snider Springs | | 0.96 | | |
| 9 | 04:30P | Snider Springs | | 0.64 | | |
| 10 | 12:00P | Snider Springs | | 0.96 | | |
| 11 | 07:11A | Snider Springs | | 0.93 | | |
| 12 | 10:00P | Snider Springs | | 0.73 | | |
| 13 | 10:05P | Snider Springs | | 0.64 | | |
| 14 | 08:55P | Snider Springs | | 0.40 | | |
| 15 | 09:00P | Snider Springs | | 0.43 | | |
| 16 | 06:00A | Snider Springs | | 0.42 | | |
| 17 | 10:28A | Snider Springs | | 0.48 | | |
| 18 | 12:00A | Snider Springs | | 0.49 | | |
| 19 | 12:55P | Snider Springs | | 0.32 | | |
| 20 | 01:04P | Snider Springs | | 0.95 | | |
| 21 | 11:00P | Snider Springs | | 0.95 | | |
| 22 | 01:20A | Snider Springs | | 0.82 | | |
| 23 | 02:27P | Snider Springs | | 0.74 | | |
| 24 | 02:15P | Snider Springs | | 0.84 | | |
| 25 | 03:29A | Snider Springs | | 1.11 | | |
| 26 | 12:00A | Snider Springs | | 0.29 | | |
| 27 | 08:00P | Snider Springs | | 0.89 | | |
| 28 | 03:57A | Snider Springs | | 0.71 | | |
| 29 | 04:17P | Snider Springs | | 0.70 | | |
| 30 | 12:00A | Snider Springs | | 0.86 | | |
| 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? 1 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 | | | | | | |
| 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. | | | Did continuous monitoring equipment fail at any time this reporting month? Yes No Date continuous monitoring equipment failed: | | | |
| | | | If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No | | | / / Date it was returned to |
| | | | | | | service: |
| Attach grab sample results and submit them with this form. | | | | | | |
| Printed N | lame: JJ Ols | | Title: Compliance Manager | | Operator Certification #: 766039 | |
| Signature | э: | Jeffrey Ol | Son Phone #: (503) 554-8333 | | OR | |
| Date: 05 / 01 / 2023 Small Groundwater System | | | | | | roundwater System |