## 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 05/2023 Entry Point: EP-B (Snider) Required Minimum Residual 0.14 mg/L						
Date	Time	Source(s) i	n use	Lowest free chlorine residual at entry point to distribution system (mg/L		Notes
1	02:16A	Snider Springs		0.20		
2	11:00P	Snider Springs		0.64		
3	12:04A	Snider Springs		0.58		
4	05:00P	Snider Springs		0.50		
5	05:50P	Snider Springs		1.57		
6	03:05A	Snider Springs		1.68		
7	01:48A	Snider Springs		1.56		
8	10:55P	Snider Springs		1.78		
9	11:27A	Snider Springs		1.59		
10	11:00P	Snider Springs		0.27		
11	09:00P	Snider Springs		0.25		
12	09:00P	Snider Springs		0.26		
13	09:00P	Snider Springs		0.26		
14	09:00P	Snider Springs		0.30		
15	01:00A	Snider Springs		0.35		
16	12:00A	Snider Springs		0.26		
17	08:00A	Snider Springs		0.25		
18	01:50P	Snider Springs		1.11		
19	02:51P	Snider Springs		1.68		
20	10:45P	Snider Springs		1.34		
20	09:05A	Snider Springs		1.17		
22	02:45P	Snider Springs		1.27		
23	09:06P	Snider Springs		0.97		
24	11:00A	Snider Springs		0.34		
25	06:41A	Snider Springs		1.23		
26	07:17A	Snider Springs		0.45		
27	08:56A	Snider Springs		1.92		
28	08.30A 04:29A	Snider Springs		1.92		
20	04.29A 03:33A	Snider Springs		1.90		
29 30	05:09A			1.88		
30	12:45P	Snider Springs Snider Springs		1.82		
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Was the chlorine residual ever less than the required minimum residual of 0.14 mg/L? $\Box$ Yes $\boxtimes$ No If yes, what was the longest time period until the required level was restored? hours – <u>If &gt; 4 hours, Drinking Water Program to be</u> notified by end of next business day.						
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300						
	-					Date continuous monitoring
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.			reporting month? Yes No			equipment failed:
			5 · · · · · · · · · · · · · · · · · · ·			Date it was returned to service:
			Attach grab sample results and submit them with this f		with this form.	/ /
Printed Name: JJ Olson Title: Compliance Manager Operator Certification #: 766039						
Signature: Jeffrey Olson Phone #: (503) 554-8333					OR	
Date: 06 / 08 / 2023 / CO / Small Groundwater System						