

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 08/2023

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	12:00A	Snider Springs	1.35	
2	12:00A	Snider Springs	1.20	
3	09:08P	Snider Springs	0.71	
4	09:26P	Snider Springs	0.71	
5	03:18A	Snider Springs	0.71	
6	09:45A	Snider Springs	0.70	
7	08:25A	Snider Springs	0.70	
8	10:40P	Snider Springs	0.64	
9	09:58P	Snider Springs	0.73	
10	11:00A	Snider Springs	0.88	
11	08:19A	Snider Springs	1.03	
12	09:44P	Snider Springs	1.00	
13	11:09P	Snider Springs	1.00	
14	09:47A	Snider Springs	0.97	
15	01:32A	Snider Springs	0.65	
16	04:34A	Snider Springs	0.99	
17	09:42P	Snider Springs	0.66	
18	03:10A	Snider Springs	0.98	
19	11:14P	Snider Springs	0.95	
20	11:58P	Snider Springs	0.99	
21	12:22A	Snider Springs	1.00	
22	05:52A	Snider Springs	1.18	
23	10:38P	Snider Springs	1.01	
24	12:00P	Snider Springs	0.96	
25	11:44P	Snider Springs	0.97	
26	01:00P	Snider Springs	0.94	
27	12:00P	Snider Springs	0.90	
28	02:00A	Snider Springs	0.88	
29	12:00P	Snider Springs	0.87	
30	05:00A	Snider Springs	0.84	
31	11:03A	Snider Springs	1.40	

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? 0 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

Signature: *Jeffrey Olson*

Date: 09 / 06 / 2023

Title: Compliance Manager

Phone #: (503) 554-8333

Operator Certification #: 766039

OR

Small Groundwater System