

**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 12/2023

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	09:15A	Snider Springs	2.10	
2	09:06P	Snider Springs	2.15	
3	12:47P	Snider Springs	2.12	
4	10:04P	Snider Springs	2.13	
5	05:18P	Snider Springs	2.13	
6	09:36P	Snider Springs	1.95	
7	05:29P	Snider Springs	1.74	
8	04:49P	Snider Springs	1.64	
9	10:52A	Snider Springs	1.56	
10	12:16A	Snider Springs	1.56	
11	02:46P	Snider Springs	1.47	
12	02:45P	Snider Springs	1.44	
13	04:42P	Snider Springs	1.39	
14	04:51A	Snider Springs	1.42	
15	02:47P	Snider Springs	1.43	
16	11:16P	Snider Springs	1.40	
17	09:08A	Snider Springs	1.37	
18	04:43P	Snider Springs	1.34	
19	02:10P	Snider Springs	1.34	
20	10:35P	Snider Springs	1.27	
21	05:57A	Snider Springs	1.05	
22	08:05P	Snider Springs	1.05	
23	12:56A	Snider Springs	1.05	
24	11:33P	Snider Springs	1.05	
25	01:52P	Snider Springs	1.02	
26	11:15P	Snider Springs	1.01	
27	10:41A	Snider Springs	0.99	
28	12:54A	Snider Springs	1.14	
29	07:53A	Snider Springs	1.27	
30	06:08A	Snider Springs	1.13	
31	02:02P	Snider Springs	1.10	

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

Title: Compliance Manager

Operator Certification #: 766039

Signature:



Phone #: (503) 554-8333

OR

Date: 01 / 09 / 2024

Small Groundwater System