

**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 01/2024

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	06:15P	Snider Springs	1.05	
2	01:13A	Snider Springs	1.05	
3	03:48P	Snider Springs	1.14	
4	01:10P	Snider Springs	1.23	
5	03:16A	Snider Springs	1.32	
6	09:53P	Snider Springs	1.30	
7	11:54P	Snider Springs	1.23	
8	11:42P	Snider Springs	1.18	
9	09:30P	Snider Springs	1.13	
10	11:36A	Snider Springs	1.11	
11	11:18P	Snider Springs	1.09	
12	07:24A	Snider Springs	1.06	
13	03:17A	Snider Springs	0.88	
14	10:20P	Snider Springs	1.06	
15	03:17A	Snider Springs	1.04	
16	06:34A	Snider Springs	1.03	
17	06:37A	Snider Springs	1.05	
18	01:00P	Snider Springs	0.77	
19	07:44P	Snider Springs	0.80	
20	10:54P	Snider Springs	0.76	
21	08:52P	Snider Springs	0.77	
22	01:53P	Snider Springs	0.72	
23	04:09A	Snider Springs	0.71	
24	02:43A	Snider Springs	0.71	
25	06:19P	Snider Springs	0.88	
26	05:47A	Snider Springs	0.81	
27	07:27A	Snider Springs	0.87	
28	10:45P	Snider Springs	0.86	
29	05:30P	Snider Springs	0.80	
30	12:45A	Snider Springs	0.92	
31	11:02P	Snider Springs	0.42	

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: 02 / 09 / 2024

Title: Compliance Manager

Phone #: (503) 554-8333

Operator Certification #: 766039

OR

Small Groundwater System