

**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 01/2025

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	10:03P	Snider Springs	1.27	
2	04:03P	Snider Springs	0.65	
3	02:02A	Snider Springs	0.94	
4	01:03A	Snider Springs	1.18	
5	10:03P	Snider Springs	1.16	
6	08:03P	Snider Springs	1.10	
7	10:03P	Snider Springs	1.00	
8	02:03A	Snider Springs	0.95	
9	08:03A	Snider Springs	0.99	
10	05:03P	Snider Springs	1.08	
11	11:03P	Snider Springs	1.02	
12	02:03S	Snider Springs	0.99	
13	04:53P	Snider Springs	1.10	
14	12:03A	Snider Springs	0.98	
15	12:03A	Snider Springs	1.41	
16	08:03P	Snider Springs	1.20	
17	06:03P	Snider Springs	1.25	
18	05:03P	Snider Springs	1.25	
19	05:03P	Snider Springs	1.19	
20	09:03P	Snider Springs	1.26	
21	07:03P	Snider Springs	1.01	
22	06:03P	Snider Springs	1.02	
23	08:03P	Snider Springs	1.00	
24	06:03P	Snider Springs	0.94	
25	09:03P	Snider Springs	0.77	
26	12:03A	Snider Springs	0.79	
27	07:08P	Snider Springs	0.92	
28	05:33A	Snider Springs	0.98	
29	12:18A	Snider Springs	0.88	
30	04:03A	Snider Springs	0.75	
31	09:03A	Snider Springs	0.81	

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 / 05 / 2025

Title: Compliance Manager

Phone #: (503) 554-8333

Operator Certification #: 766039

OR

Small Groundwater System