

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 05/2025

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	11:38P	Snider Springs	0.40	
2	04:03A	Snider Springs	0.38	
3	04:48A	Snider Springs	0.36	
4	06:23A	Snider Springs	0.42	
5	05:28A	Snider Springs	0.38	
6	04:13A	Snider Springs	0.34	
7	06:13A	Snider Springs	0.45	
8	06:03A	Snider Springs	0.46	
9	04:03A	Snider Springs	0.44	
10	01:03A	Snider Springs	0.44	
11	11:33P	Snider Springs	0.38	
12	02:38A	Snider Springs	0.33	
13	07:28P	Snider Springs	0.27	
14	02:03P	Snider Springs	0.38	
15	12:03A	Snider Springs	0.47	
16	01:03A	Snider Springs	0.54	
17	06:03A	Snider Springs	0.56	
18	04:03A	Snider Springs	0.57	
19	07:03A	Snider Springs	0.60	
20	04:03A	Snider Springs	0.58	
21	05:03A	Snider Springs	0.92	
22	10:00P	Snider Springs	0.86	
23	12:00A	Snider Springs	0.85	
24	05:00A	Snider Springs	0.84	
25	11:00P	Snider Springs	0.73	
26	05:00A	Snider Springs	0.64	
27	04:00A	Snider Springs	0.56	
28	08:00A	Snider Springs	1.58	
29	10:00A	Snider Springs	1.62	
30	07:00A	Snider Springs	1.55	
31	09:00A	Snider Springs	1.61	

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: Curtis Olson

Title: Compliance Manager

Operator Certification #: 216644

Signature: *Curtis Olson*

Phone #: (503) 554-8333

OR

Date: 06 / 08 / 2025

Small Groundwater System ☐