

State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

| System Name CSWA Chehalem Springs | | | PWS ID# 41 01518 | |
|--|--------|--|--|---|
| Month/Year 09/2025 | | 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 | 02:01p | Snider Springs | 1.07 | |
| 2 | 11:03a | Snider Springs | 1.08 | |
| 3 | 10:03a | Snider Springs | 1.06 | |
| 4 | 01:03p | Snider Springs | 1.07 | |
| 5 | 10:03a | Snider Springs | 1.09 | |
| 6 | 09:03p | Snider Springs | 1.10 | |
| 7 | 03:03p | Snider Springs | 1.09 | |
| 8 | 11:03a | Snider Springs | 1.03 | |
| 9 | 11:03a | Snider Springs | 1.05 | |
| 10 | 01:05a | Snider Springs | 1.05 | |
| 11 | 03:05p | Snider Springs | 1.46 | |
| 12 | 03:05a | Snider Springs | 1.45 | |
| 13 | 11:05a | Snider Springs | 1.36 | |
| 14 | 03:05p | Snider Springs | 1.37 | |
| 15 | 06:05p | Snider Springs | 1.36 | |
| 16 | 11:04a | Snider Springs | 1.29 | |
| 17 | 11:05a | Snider Springs | 1.34 | |
| 18 | 03:55p | Snider Springs | 0.31 | |
| 19 | 12:05a | Snider Springs | 1.12 | |
| 20 | 12:05a | Snider Springs | 0.43 | |
| 21 | 12:07a | Snider Springs | 0.50 | |
| 22 | 11:18a | Snider Springs | 0.65 | |
| 23 | 07:58a | Snider Springs | 0.67 | |
| 24 | 12:08a | Snider Springs | 0.72 | |
| 25 | 12:08a | Snider Springs | 0.28 | |
| 26 | 04:09p | Snider Springs | 0.54 | |
| 27 | 08:10p | Snider Springs | 0.18 | |
| 28 | 08:10p | Snider Springs | 0.20 | |
| 29 | 12:00a | Snider Springs | 0.57 | |
| 30 | 11:10a | Snider Springs | 0.96 | |
| 31 | | | | |
| Was the chlorine residual ever less than the required minimum residual of 0.14 mg/L? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what was the longest time period until the required level was restored? 0 hours – <u>If > 4 hours, Drinking Water Program to be notified by end of next business day.</u> | | | | |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attach those results and submit them with this form.</i> | | GWS Serving More Than 3,300 Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attach grab sample results and submit them with this form.</i> | | |
| Printed Name: Curtis Olson Signature: <i>Curtis Olson</i> Date: 10 / 10 / 2025 | | Title: Compliance Manager Phone #: (503) 554-8333 | | Operator Certification #: 216644 OR Small Groundwater System <input type="checkbox"/> |