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 11/2025 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	11:00A	Snider Springs	0.81	
2	02:00P	Snider Springs	0.80	
3	06:00A	Snider Springs	0.76	
4	07:00P	Snider Springs	0.78	
5	06:00P	Snider Springs	0.77	
6	08:00A	Snider Springs	0.82	
7	04:00P	Snider Springs	0.79	
8	08:00A	Snider Springs	0.80	
9	12:00A	Snider Springs	0.21	
10	12:55P	Snider Springs	0.20	
11	11:30P	Snider Springs	0.22	
12	12:15A	Snider Springs	0.21	
13	01:40P	Snider Springs	0.24	
14	07:30A	Snider Springs	0.19	
15	12:50P	Snider Springs	0.19	
16	04:00A	Snider Springs	0.73	
17	01:00A	Snider Springs	0.15	
18	01:15P	Snider Springs	0.21	
19	09:50P	Snider Springs	0.18	
20	05:30A	Snider Springs	0.17	
21	08:45P	Snider Springs	0.21	
22	02:35A	Snider Springs	0.21	
23	08:55P	Snider Springs	0.18	
24	02:00P	Snider Springs	0.18	
25	04:20P	Snider Springs	0.21	
26	10:20P	Snider Springs	0.21	
27	12:20A	Snider Springs	0.21	
28	11:00P	Snider Springs	0.22	
29	02:45A	Snider Springs	0.23	
30	04:10A	Snider Springs	0.24	
31	04:25A	Snider Springs	0.22	

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

Signature: Curtis Olson Phone #: (503) 554-8333

Date: 01 / 10 / 2026

Operator Certification #: 216644

OR

Small Groundwater System ☐