

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 01/2026

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	06:30P	Snider Springs	0.21	
2	03:40P	Snider Springs	0.22	
3	08:40A	Snider Springs	0.22	
4	09:15A	Snider Springs	0.20	
5	10:45P	Snider Springs	0.20	
6	08:20A	Snider Springs	0.20	
7	11:55P	Snider Springs	0.19	
8	06:25A	Snider Springs	0.19	
9	10:40P	Snider Springs	0.20	
10	02:50A	Snider Springs	0.20	
11	10:05A	Snider Springs	0.20	
12	12:05A	Snider Springs	0.20	
13	08:23P	Snider Springs	0.22	
14	03:45P	Snider Springs	0.19	
15	12:10A	Snider Springs	0.20	
16	10:40A	Snider Springs	0.20	
17	08:35P	Snider Springs	0.21	
18	05:35A	Snider Springs	0.20	
19	04:40P	Snider Springs	0.19	
20	09:35A	Snider Springs	0.18	
21	07:55A	Snider Springs	0.24	
22	07:10A	Snider Springs	0.22	
23	10:00A	Snider Springs	0.77	
24	11:00A	Snider Springs	0.73	
25	11:00A	Snider Springs	0.76	
26	08:00A	Snider Springs	0.74	
27	12:00P	Snider Springs	0.72	
28	08:00A	Snider Springs	0.77	
29	03:00P	Snider Springs	0.70	
30	01:00A	Snider Springs	0.75	
31	12:00P	Snider Springs	0.78	

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: 02 / 08 / 2026

Small Groundwater System