

**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 06/2021

Entry Point: EP-A (Skelton)

Required Minimum Residual 0.20 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	8:00 A	Skelton Spring	0.97	
2	8:00 A	Skelton Spring	1.11	
3	8:00 A	Skelton Spring	1.54	
4	8:00 A	Skelton Spring	1.89	
5	8:00 A	Skelton Spring	0.55	
6	8:00 A	Skelton Spring	0.75	
7	8:00 A	Skelton Spring	0.45	
8	8:00 A	Skelton Spring	0.57	
9	8:00 A	Skelton Spring	0.70	
10	8:00 A	Skelton Spring	0.50	
11	8:00 A	Skelton Spring	0.35	
12	8:00 A	Skelton Spring	0.28	
13	8:00 A	Skelton Spring	0.44	
14	8:00 A	Skelton Spring	0.67	
15	8:00 A	Skelton Spring	0.59	
16	8:00 A	Skelton Spring	0.44	
17	8:00 A	Skelton Spring	0.39	
18	8:00 A	Skelton Spring	0.28	
19	8:00 A	Skelton Spring	1.12	
20	8:00 A	Skelton Spring	1.97	
21	8:00 A	Skelton Spring	1.59	
22	8:00 A	Skelton Spring	1.49	
23	8:00 A	Skelton Spring	1.75	
24	8:00 A	Skelton Spring	2.00	
25	8:00 A	Skelton Spring	0.81	
26	8:00 A	Skelton Spring	0.79	
27	8:00 A	Skelton Spring	0.87	
28	8:00 A	Skelton Spring	1.73	
29	8:00 A	Skelton Spring	1.83	
30	8:00 A	Skelton Spring	1.63	
31				

Was the chlorine residual ever less than the required minimum residual of 0.20 mg/L? Yes No

If yes, what was the longest time period until the required level was restored? _____ 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 _____ mg/L as required? Yes No

Attach those results and submit them with this form.

N/A

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? Yes No N/A

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No N/A

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: Aaron Olson

Title: DRC

Operator Certification #: T-09128, D-08773

Signature: 

Phone #: (503) 554-8333

OR

Date: 07 / 06 / 2021

Small Groundwater System