

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 12/2021

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	0.26	
2	8:00 A	Skelton Spring	0.28	
3	8:00 A	Skelton Spring	0.29	
4	8:00 A	Skelton Spring	0.24	
5	8:00 A	Skelton Spring	0.22	
6	8:00 A	Skelton Spring	0.26	
7	8:00 A	Skelton Spring	0.29	
8	8:00 A	Skelton Spring	0.25	
9	8:00 A	Skelton Spring	0.24	
10	8:00 A	Skelton Spring	0.27	
11	8:00 A	Skelton Spring	0.26	
12	8:00 A	Skelton Spring	0.27	
13	8:00 A	Skelton Spring	0.23	
14	8:00 A	Skelton Spring	0.24	
15	8:00 A	Skelton Spring	0.21	
16	8:00 A	Skelton Spring	0.77	
17	8:00 A	Skelton Spring	0.71	
18	8:00 A	Skelton Spring	0.62	
19	8:00 A	Skelton Spring	0.49	
20	8:00 A	Skelton Spring	0.47	
21	8:00 A	Skelton Spring	0.48	
22	8:00 A	Skelton Spring	0.33	
23	8:00 A	Skelton Spring	0.60	
24	8:00 A	Skelton Spring	0.96	
25	8:00 A	Skelton Spring	1.12	
26	8:00 A	Skelton Spring	1.19	
27	8:00 A	Skelton Spring	1.17	
28	8:00 A	Skelton Spring	1.50	
29	8:00 A	Skelton Spring	1.79	
30	8:00 A	Skelton Spring	1.40	
31	8:00 A	Skelton Spring	0.69	

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: 01 / 04 / 2022

Small Groundwater System