

**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 09/2022

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	0.48	
2	8:00 A	Skelton Spring	0.41	
3	8:00 A	Skelton Spring	1.64	
4	8:00 A	Skelton Spring	1.71	
5	8:00 A	Skelton Spring	2.39	
6	8:00 A	Skelton Spring	1.88	
7	8:00 A	Skelton Spring	0.77	
8	8:00 A	Skelton Spring	1.18	
9	8:00 A	Skelton Spring	1.26	
10	8:00 A	Skelton Spring	1.74	
11	8:00 A	Skelton Spring	1.87	
12	8:00 A	Skelton Spring	1.79	
13	8:00 A	Skelton Spring	1.91	
14	8:00 A	Skelton Spring	1.09	
15	8:00 A	Skelton Spring	0.98	
16	8:00 A	Skelton Spring	0.96	
17	8:00 A	Skelton Spring	1.27	
18	8:00 A	Skelton Spring	1.14	
19	8:00 A	Skelton Spring	1.88	
20	8:00 A	Skelton Spring	1.74	
21	8:00 A	Skelton Spring	1.63	
22	8:00 A	Skelton Spring	2.05	
23	8:00 A	Skelton Spring	1.92	
24	8:00 A	Skelton Spring	0.63	
25	8:00 A	Skelton Spring	0.61	
26	8:00 A	Skelton Spring	0.55	
27	8:00 A	Skelton Spring	0.49	
28	8:00 A	Skelton Spring	0.46	
29	8:00 A	Skelton Spring	1.77	
30	8:00 A	Skelton Spring	1.61	
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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: 10 / 08 / 2022

Small Groundwater System