

**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name CSWA OLIVER SPRING

PWS ID# 4 1 01519

Month/Year 07/2021 Entry Point: EP-A

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	Oliver Springs	0.52	
2	8:00 A	Oliver Springs	1.54	
3	8:00 A	Oliver Springs	1.62	
4	8:00 A	Oliver Springs	1.54	
5	8:00 A	Oliver Springs	1.48	
6	8:00 A	Oliver Springs	1.55	
7	8:00 A	Oliver Springs	1.66	
8	8:00 A	Oliver Springs	1.56	
9	8:00 A	Oliver Springs	1.39	
10	8:00 A	Oliver Springs	1.41	
11	8:00 A	Oliver Springs	1.17	
12	8:00 A	Oliver Springs	1.52	
13	8:00 A	Oliver Springs	1.39	
14	8:00 A	Oliver Springs	1.31	
15	8:00 A	Oliver Springs	1.56	
16	8:00 A	Oliver Springs	1.56	
17	8:00 A	Oliver Springs	1.29	
18	8:00 A	Oliver Springs	1.23	
19	8:00 A	Oliver Springs	1.31	
20	8:00 A	Oliver Springs	1.29	
21	8:00 A	Oliver Springs	1.22	
22	8:00 A	Oliver Springs	0.98	
23	8:00 A	Oliver Springs	0.55	
24	8:00 A	Oliver Springs	0.56	
25	8:00 A	Oliver Springs	0.54	
26	8:00 A	Oliver Springs	1.73	
27	8:00 A	Oliver Springs	1.62	
28	8:00 A	Oliver Springs	1.54	
29	8:00 A	Oliver Springs	1.45	
30	8:00 A	Oliver Springs	1.44	
31	8:00 A	Oliver Springs	1.48	

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:

/ /

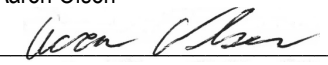
Date it was returned to service:

/ /

Printed Name: Aaron Olson

Title: DRC

Operator Certification #: T-09128, D-08773

Signature: 

Phone #: (503) 554-8333

OR

Date: 08 / 06 / 2021

Small Groundwater System