

**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 10/2022 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	1.14	
2	8:00 A	Oliver Springs	1.20	
3	8:00 A	Oliver Springs	1.15	
4	8:00 A	Oliver Springs	1.20	
5	8:00 A	Oliver Springs	1.15	
6	8:00 A	Oliver Springs	1.10	
7	8:00 A	Oliver Springs	1.10	
8	8:00 A	Oliver Springs	1.16	
9	8:00 A	Oliver Springs	1.22	
10	8:00 A	Oliver Springs	1.22	
11	8:00 A	Oliver Springs	1.22	
12	8:00 A	Oliver Springs	1.18	
13	8:00 A	Oliver Springs	1.19	
14	8:00 A	Oliver Springs	1.15	
15	8:00 A	Oliver Springs	1.17	
16	8:00 A	Oliver Springs	1.19	
17	8:00 A	Oliver Springs	1.18	
18	8:00 A	Oliver Springs	1.19	
19	8:00 A	Oliver Springs	1.16	
20	8:00 A	Oliver Springs	1.38	
21	8:00 A	Oliver Springs	1.53	
22	8:00 A	Oliver Springs	1.51	
23	8:00 A	Oliver Springs	1.40	
24	8:00 A	Oliver Springs	1.41	
25	8:00 A	Oliver Springs	1.43	
26	8:00 A	Oliver Springs	1.35	
27	8:00 A	Oliver Springs	1.27	
28	8:00 A	Oliver Springs	1.28	
29	8:00 A	Oliver Springs	1.25	
30	8:00 A	Oliver Springs	1.18	
31	8:00 A	Oliver Springs	1.22	

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:

/ /

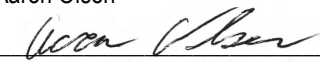
Date it was returned to service:

/ /

Printed Name: Aaron Olson

Title: DRC

Operator Certification #: T-09128, D-08773

Signature: 

Phone #: (503) 554-8333

OR

Date: 11 / 08 / 2022

Small Groundwater System