

**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 08/2023

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	08:35A	Oliver Springs	1.28	
2	10:105A	Oliver Springs	1.30	
3	05:30A	Oliver Springs	1.37	
4	06:00A	Oliver Springs	1.37	
5	07:50A	Oliver Springs	1.36	
6	06:05A	Oliver Springs	1.38	
7	06:10A	Oliver Springs	1.31	
8	11:25A	Oliver Springs	1.43	
9	04:55P	Oliver Springs	1.29	
10	04:05P	Oliver Springs	1.28	
11	09:25A	Oliver Springs	1.24	
12	01:45A	Oliver Springs	1.26	
13	08:15P	Oliver Springs	1.19	
14	03:05A	Oliver Springs	1.23	
15	02:50P	Oliver Springs	1.26	
16	10:15A	Oliver Springs	1.29	
17	09:10A	Oliver Springs	1.28	
18	06:05A	Oliver Springs	1.25	
19	07:50A	Oliver Springs	1.24	
20	01:15A	Oliver Springs	1.24	
21	09:40A	Oliver Springs	1.23	
22	07:05A	Oliver Springs	1.23	
23	09:50A	Oliver Springs	1.21	
24	09:55A	Oliver Springs	1.31	
25	09:10A	Oliver Springs	1.31	
26	01:10P	Oliver Springs	1.31	
27	09:15A	Oliver Springs	1.30	
28	11:15P	Oliver Springs	1.30	
29	06:50A	Oliver Springs	1.33	
30	09:25A	Oliver Springs	1.31	
31	08:45P	Oliver Springs	1.47	

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 0.2 mg/L as required? Yes No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

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

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

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: JJ Olson

Signature: *Jeffrey Olson*

Date: 09 / 06 / 2023

Title: Compliance Manager

Phone #: (503) 554-8333

Operator Certification #: 766039

OR

Small Groundwater System