

**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 10/2023 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	10:49P	Oliver Springs	1.48	
2	02:02A	Oliver Springs	1.51	
3	09:31A	Oliver Springs	1.44	
4	10:19A	Oliver Springs	1.54	
5	04:38P	Oliver Springs	1.60	
6	10:33A	Oliver Springs	1.69	
7	08:44P	Oliver Springs	1.52	
8	01:15A	Oliver Springs	1.49	
9	05:56P	Oliver Springs	1.40	
10	10:26A	Oliver Springs	1.34	
11	11:34A	Oliver Springs	1.38	
12	03:41A	Oliver Springs	1.39	
13	09:37P	Oliver Springs	1.47	
14	01:22A	Oliver Springs	1.47	
15	04:48A	Oliver Springs	1.40	
16	10:15P	Oliver Springs	1.50	
17	03:43A	Oliver Springs	1.53	
18	11:43A	Oliver Springs	1.54	
19	08:19P	Oliver Springs	1.45	
20	09:44A	Oliver Springs	1.39	
21	10:28P	Oliver Springs	1.22	
22	04:27A	Oliver Springs	1.28	
23	07:16P	Oliver Springs	1.31	
24	10:41P	Oliver Springs	1.33	
25	11:22A	Oliver Springs	1.38	
26	01:34P	Oliver Springs	1.44	
27	01:59P	Oliver Springs	1.53	
28	04:06A	Oliver Springs	1.45	
29	12:47P	Oliver Springs	1.37	
30	03:14A	Oliver Springs	1.33	
31	10:37A	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 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: 11 / 07 / 2023

Title: Compliance Manager

Phone #: (503) 554-8333

Operator Certification #: 766039

OR

Small Groundwater System