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

System	Name	CSWA OLIVER SPRI	NG	PWS ID# 4 1 01519		
Month/Year 02/2024 Entry Point: EP-A Required Minimum Residual 0.20 mg/L						
Date	Time	Source(s) i	n use	Lowest free chlorine residual at entry point to distribution system (mg/L	Notes	
1	10:00P Oliver Springs			0.25		
2	12:15A	Oliver Springs		0.42		
3	02:40P	Oliver Springs		1.35		
4	06:30A	Oliver Springs		1.36		
5	10:45A	Oliver Springs		1.35		
6	07:20A	Oliver Springs		1.30		
7	05:00P	Oliver Springs		1.29		
8	11:20P	Oliver Springs		0.87		
9	2:00A	Oliver Springs		0.48		
10	8:00P	Oliver Springs		0.46		
11	10:00A	Oliver Springs		0.64		
12	01:50A	Oliver Springs		1.24		
13	10:25A	Oliver Springs		2.30		
14	12:00A	Oliver Springs		2.30		
15	07:45A	Oliver Springs		2.24		
16	06:35A	Oliver Springs		2.30		
17	06:55P	Oliver Springs		2.26		
18	12:55P	Oliver Springs		2.25		
19	11:55P	Oliver Springs		1.64		
20	07:20A	Oliver Springs		1.41		
21	07:35A	Oliver Springs		1.39		
22	07:35A	Oliver Springs		1.44		
23	06:50A	Oliver Springs		1.39		
24	06:05A	Oliver Springs		1.40		
25	09:05A	Oliver Springs		1.40		
26	04:55P	Oliver Springs		1.25		
27	04:10A	Oliver Springs		1.23		
28	07:05A	Oliver Springs Oliver Springs		1.30		
29 30	07:30A	Oliver Springs		1.32		
31						
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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? 0 hours – If > 4 hours, Drinking Water Program to be						
notified by end of next business day.						
GWS Serving 3,300 or Fewer				GWS Serving More Than 3,300		
If yes, did you monitor every four hours until the residual returned to 0.2 mg/L as			Did continuous monitoring equipment fail at any time this   Date continuous monitoring			
						equipment failed:
required? Yes No			If yes, were grab samples collected every four hours until the			
Attach those results and submit them with			continuous monitoring equipment was returned to service as Date it was returned to			
this form.			required? Yes No service:			
			Attach grab sample results and submit them with this form.			
Printed Name: JJ Olson			Title: Compliance Manager		Operator Certification #: 766039	
Signatur	e: (	Jeffrey Oli			OR	
•	s / ng / 2n24 (	1007		(555) 557 5555	Small Cr	oundwater System