

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 04 /2025

Entry Point: EP-A

Required Minimum Residual 0.2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	05:05P	Oliver Springs	0.40	
2	05:55P	Oliver Springs	0.32	
3	08:20P	Oliver Springs	0.29	
4	05:15A	Oliver Springs	0.27	
5	02:45A	Oliver Springs	0.30	
6	09:10P	Oliver Springs	0.24	
7	08:15P	Oliver Springs	0.32	
8	12:55A	Oliver Springs	0.26	
9	12:05A	Oliver Springs	0.47	
10	12:50A	Oliver Springs	0.57	
11	08:00P	Oliver Springs	0.71	
12	08:05P	Oliver Springs	0.65	
13	07:05P	Oliver Springs	0.75	
14	11:20P	Oliver Springs	0.76	
15	08:15P	Oliver Springs	0.62	
16	11:00P	Oliver Springs	0.52	
17	09:05A	Oliver Springs	0.45	
18	06:30A	Oliver Springs	0.44	
19	02:10A	Oliver Springs	0.51	
20	06:50P	Oliver Springs	0.50	
21	02:10P	Oliver Springs	0.41	
22	04:45P	Oliver Springs	0.36	
23	06:55A	Oliver Springs	0.37	
24	11:55A	Oliver Springs	0.39	
25	06:50P	Oliver Springs	0.47	
26	12:50P	Oliver Springs	0.48	
27	04:45A	Oliver Springs	0.48	
28	02:30P	Oliver Springs	0.51	
29	09:55A	Oliver Springs	0.42	
30	02:40A	Oliver Springs	0.45	
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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**

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: Curtis Olson

Title: Compliance Manager

Operator Certification #: 216644

Signature: *Curtis Olson*

Phone #: (503) 554-8333

OR

Date: 05 / 08 / 2025

Small Groundwater System ☐