

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 07 /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	07:55A	Oliver Springs	0.44	
2	08:15A	Oliver Springs	0.41	
3	09:40A	Oliver Springs	0.43	
4	06:10A	Oliver Springs	0.47	
5	03:10P	Oliver Springs	0.46	
6	08:35A	Oliver Springs	0.32	
7	04:25P	Oliver Springs	0.25	
8	05:55A	Oliver Springs	0.35	
9	06:00A	Oliver Springs	0.55	
10	08:55A	Oliver Springs	0.49	
11	06:10A	Oliver Springs	0.52	
12	03:05A	Oliver Springs	0.55	
13	08:45A	Oliver Springs	0.54	
14	08:55P	Oliver Springs	0.45	
15	05:30P	Oliver Springs	0.37	
16	02:10A	Oliver Springs	0.38	
17	05:40A	Oliver Springs	0.30	
18	06:00A	Oliver Springs	0.28	
19	06:00A	Oliver Springs	0.29	
20	10:55P	Oliver Springs	0.21	
21	05:50A	Oliver Springs	0.28	
22	05:40A	Oliver Springs	0.43	
23	11:50P	Oliver Springs	0.58	
24	07:50A	Oliver Springs	0.47	
25	05:50A	Oliver Springs	0.53	
26	09:40P	Oliver Springs	0.55	
27	01:40A	Oliver Springs	0.53	
28	06:20A	Oliver Springs	0.54	
29	01:55A	Oliver Springs	0.50	
30	12:25A	Oliver Springs	0.47	
31	08:00A	Oliver Springs	0.59	

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: Operations Manager

Operator Certification #: 216644

Signature: *Curtis Olson*

Phone #: (503) 554-8333

OR

Date: 08 / 10 / 2025

Small Groundwater System ☐