

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 /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	02:30A	Oliver Springs	0.73	
2	06:30A	Oliver Springs	0.67	
3	08:15A	Oliver Springs	0.67	
4	06:55A	Oliver Springs	0.63	
5	09:30P	Oliver Springs	0.57	
6	11:35P	Oliver Springs	0.42	
7	01:30P	Oliver Springs	0.20	
8	06:20A	Oliver Springs	0.27	
9	05:50A	Oliver Springs	0.35	
10	04:20P	Oliver Springs	0.33	
11	06:20A	Oliver Springs	0.42	
12	06:10A	Oliver Springs	0.46	
13	12:00A	Oliver Springs	0.35	
14	11:20P	Oliver Springs	0.55	
15	09:50P	Oliver Springs	0.39	
16	06:10A	Oliver Springs	0.22	
17	08:25A	Oliver Springs	0.52	
18	06:10A	Oliver Springs	0.42	
19	05:45A	Oliver Springs	0.35	
20	05:40A	Oliver Springs	0.42	
21	10:10P	Oliver Springs	0.51	
22	09:10P	Oliver Springs	0.50	
23	05:30A	Oliver Springs	0.42	
24	08:00A	Oliver Springs	0.42	
25	05:45A	Oliver Springs	0.38	
26	10:40P	Oliver Springs	0.21	
27	05:00A	Oliver Springs	0.30	
28	08:05A	Oliver Springs	0.36	
29	05:38A	Oliver Springs	0.32	
30	08:55A	Oliver Springs	0.38	
31	07:50A	Oliver Springs	0.32	

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: 09 / 10 / 2025

Small Groundwater System ☐