

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

System Name CSWA OLIVER SPRING			PWS ID# 41 01519	
Month/Year 09/2025		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	05:15a	Oliver Springs	0.30	
2	05:35a	Oliver Springs	0.31	
3	05:25a	Oliver Springs	0.50	
4	07:05a	Oliver Springs	0.47	
5	02:45a	Oliver Springs	0.26	
6	03:55a	Oliver Springs	0.30	
7	08:05a	Oliver Springs	0.51	
8	12:15a	Oliver Springs	0.44	
9	05:55a	Oliver Springs	0.43	
10	05:30a	Oliver Springs	0.41	
11	08:05p	Oliver Springs	0.24	
12	05:35a	Oliver Springs	0.27	
13	05:55a	Oliver Springs	0.36	
14	08:55a	Oliver Springs	0.30	
15	04:20p	Oliver Springs	0.56	
16	01:05p	Oliver Springs	0.64	
17	08:00a	Oliver Springs	0.39	
18	01:20p	Oliver Springs	0.33	
19	07:40a	Oliver Springs	0.26	
20	08:15p	Oliver Springs	0.41	
21	07:25a	Oliver Springs	0.31	
22	11:40p	Oliver Springs	0.44	
23	01:15a	Oliver Springs	0.70	
24	06:55p	Oliver Springs	0.49	
25	06:05p	Oliver Springs	0.44	
26	06:10a	Oliver Springs	0.27	
27	08:35a	Oliver Springs	0.23	
28	04:25p	Oliver Springs	0.33	
29	12:20a	Oliver Springs	0.50	
30	02:10p	Oliver Springs	0.61	
31				
Was the chlorine residual ever less than the required minimum residual of 0.20 mg/L? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attach those results and submit them with this form.</i>		GWS Serving More Than 3,300 Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attach grab sample results and submit them with this form.</i>		
Printed Name: Curtis Olson Signature: <i>Curtis Olson</i> Date: 10/10/2025		Title: Operations Manager Phone #: (503) 554-8333	Operator Certification #: 216644 OR Small Groundwater System <input type="checkbox"/>	