

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

System Name CSWA OLIVER SPRING			PWS ID# 41 01519	
Month/Year 10/2025		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	07:35a	Oliver Springs	0.29	
2	08:50a	Oliver Springs	0.36	
3	12:15a	Oliver Springs	0.47	
4	07:45a	Oliver Springs	0.71	
5	07:30a	Oliver Springs	0.68	
6	09:30a	Oliver Springs	0.67	
7	06:40a	Oliver Springs	0.65	
8	06:10a	Oliver Springs	0.61	
9	01:00p	Oliver Springs	0.62	
10	04:50a	Oliver Springs	0.83	
11	09:35a	Oliver Springs	0.88	
12	09:15a	Oliver Springs	0.48	
13	07:20a	Oliver Springs	0.53	
14	07:35a	Oliver Springs	0.50	
15	09:10a	Oliver Springs	0.51	
16	07:50a	Oliver Springs	0.68	
17	11:50p	Oliver Springs	0.56	
18	09:15a	Oliver Springs	0.33	
19	09:15a	Oliver Springs	0.45	
20	09:30a	Oliver Springs	0.52	
21	09:15a	Oliver Springs	0.53	
22	09:10p	Oliver Springs	0.29	
23	09:15a	Oliver Springs	0.50	
24	08:00a	Oliver Springs	0.82	
25	09:00a	Oliver Springs	0.71	
26	05:55p	Oliver Springs	0.56	
27	01:10p	Oliver Springs	0.55	
28	04:15p	Oliver Springs	0.44	
29	06:40a	Oliver Springs	0.37	
30	04:25p	Oliver Springs	0.30	
31	10:45p	Oliver Springs	0.28	
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 – <u>If > 4 hours, Drinking Water Program to be notified by end of next business day.</u>				
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: 11/10/2025		Title: Operations Manager Phone #: (503) 554-8333	Operator Certification #: 216644 OR Small Groundwater System <input type="checkbox"/>	