

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

System Name CSWA OLIVER SPRING			PWS ID# 41 01519	
Month/Year 11/2025		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	06:20A	Oliver Springs	0.47	
2	03:35P	Oliver Springs	0.55	
3	11:15A	Oliver Springs	0.64	
4	08:05P	Oliver Springs	1.16	
5	09:35A	Oliver Springs	0.75	
6	10:10A	Oliver Springs	1.28	
7	10:05A	Oliver Springs	1.38	
8	10:50A	Oliver Springs	1.10	
9	11:45A	Oliver Springs	1.60	
10	11:20A	Oliver Springs	1.34	
11	12:50P	Oliver Springs	1.56	
12	12:30P	Oliver Springs	1.56	
13	01:35P	Oliver Springs	1.39	
14	06:55P	Oliver Springs	0.81	
15	11:35A	Oliver Springs	0.62	
16	11:40A	Oliver Springs	0.70	
17	10:50A	Oliver Springs	0.61	
18	10:25A	Oliver Springs	0.62	
19	11:40A	Oliver Springs	0.60	
20	10:25A	Oliver Springs	0.62	
21	09:40A	Oliver Springs	0.55	
22	12:25P	Oliver Springs	0.66	
23	11:35A	Oliver Springs	0.62	
24	11:15A	Oliver Springs	0.75	
25	11:50P	Oliver Springs	0.82	
26	12:30P	Oliver Springs	0.74	
27	11:30A	Oliver Springs	0.82	
28	11:45A	Oliver Springs	0.75	
29	01:00P	Oliver Springs	0.55	
30	11:25A	Oliver Springs	0.82	
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<p>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</p> <p>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></p>				
<p>GWS Serving 3,300 or Fewer</p> <p>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</p> <p>Attach those results and submit them with this form.</p>		<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>Attach grab sample results and submit them with this form.</p>		
<p>Printed Name: Curtis Olson</p> <p>Signature: <i>Curtis Olson</i></p> <p>Date: 12/05/2025</p>		<p>Title: Operations Manager</p> <p>Phone #: (503) 554-8333</p>	<p>Operator Certification #: 216644</p> <p>OR</p> <p>Small Groundwater System <input type="checkbox"/></p>	