

**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 08/2021 Entry Point: EP-A

Required Minimum Residual 0.20 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	8:00 A	Oliver Springs	1.49	
2	8:00 A	Oliver Springs	1.40	
3	8:00 A	Oliver Springs	1.44	
4	8:00 A	Oliver Springs	1.44	
5	8:00 A	Oliver Springs	1.45	
6	8:00 A	Oliver Springs	1.44	
7	8:00 A	Oliver Springs	1.42	
8	8:00 A	Oliver Springs	1.48	
9	8:00 A	Oliver Springs	1.56	
10	8:00 A	Oliver Springs	1.46	
11	8:00 A	Oliver Springs	1.56	
12	8:00 A	Oliver Springs	1.47	
13	8:00 A	Oliver Springs	1.56	
14	8:00 A	Oliver Springs	1.15	
15	8:00 A	Oliver Springs	1.27	
16	8:00 A	Oliver Springs	1.35	
17	8:00 A	Oliver Springs	1.58	
18	8:00 A	Oliver Springs	1.50	
19	8:00 A	Oliver Springs	1.73	
20	8:00 A	Oliver Springs	1.70	
21	8:00 A	Oliver Springs	1.62	
22	8:00 A	Oliver Springs	1.40	
23	8:00 A	Oliver Springs	1.16	
24	8:00 A	Oliver Springs	1.28	
25	8:00 A	Oliver Springs	1.35	
26	8:00 A	Oliver Springs	1.29	
27	8:00 A	Oliver Springs	1.25	
28	8:00 A	Oliver Springs	1.43	
29	8:00 A	Oliver Springs	1.65	
30	8:00 A	Oliver Springs	1.52	
31	8:00 A	Oliver Springs	1.45	

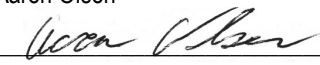
Was the chlorine residual ever less than the required minimum residual of 0.20 mg/L?  Yes  No  
 If yes, what was the longest time period until the required level was restored? \_\_\_\_\_ hours – If > 4 hours, Drinking Water Program to be notified by end of next business day.

<b>GWS Serving 3,300 or Fewer</b>	<b>GWS Serving More Than 3,300</b>	
If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach those results and submit them with this form. <p align="center">N/A</p>	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 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 <input type="checkbox"/> N/A Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: _____ / _____ / _____ Date it was returned to service: _____ / _____ / _____

Printed Name: Aaron Olson

Title: DRC

Operator Certification #: T-09128, D-08773

Signature: 

Phone #: (503) 554-8333

OR

Date: 09 / 07 / 2021

Small Groundwater System