

**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 02/2022 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	1.39	
2	8:00 A	Oliver Springs	1.36	
3	8:00 A	Oliver Springs	1.55	
4	8:00 A	Oliver Springs	1.58	
5	8:00 A	Oliver Springs	1.98	
6	8:00 A	Oliver Springs	1.79	
7	8:00 A	Oliver Springs	2.19	
8	8:00 A	Oliver Springs	2.00	
9	8:00 A	Oliver Springs	1.61	
10	8:00 A	Oliver Springs	1.59	
11	8:00 A	Oliver Springs	1.39	
12	8:00 A	Oliver Springs	0.88	
13	8:00 A	Oliver Springs	1.16	
14	8:00 A	Oliver Springs	1.38	
15	8:00 A	Oliver Springs	1.28	
16	8:00 A	Oliver Springs	1.45	
17	8:00 A	Oliver Springs	1.68	
18	8:00 A	Oliver Springs	1.83	
19	8:00 A	Oliver Springs	1.80	
20	8:00 A	Oliver Springs	1.77	
21	8:00 A	Oliver Springs	1.93	
22	8:00 A	Oliver Springs	2.01	
23	8:00 A	Oliver Springs	2.16	
24	8:00 A	Oliver Springs	1.86	
25	8:00 A	Oliver Springs	1.89	
26	8:00 A	Oliver Springs	1.86	
27	8:00 A	Oliver Springs	1.84	
28	8:00 A	Oliver Springs	1.87	
29				
30				
31				

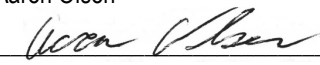
Was the chlorine residual ever less than the required minimum residual of 0.20 mg/L?  Yes  No  
 If yes, what was the longest time period until the required level was restored? \_\_\_\_\_ hours – If > 4 hours, Drinking Water Program to be notified by end of next business day.

<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. <span style="float: right;">N/A</span>	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">N/A</span>  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 <span style="float: right;">N/A</span>  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: 03 / 01 / 2022

Small Groundwater System