

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 01/2023 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	10:52 P	Oliver Springs	1.19	
2	9:57 A	Oliver Springs	1.17	
3	2:17 P	Oliver Springs	1.16	
4	9:52 A	Oliver Springs	1.17	
5	12:07 A	Oliver Springs	1.79	
6	9:12 A	Oliver Springs	1.81	
7	3:12 A	Oliver Springs	1.82	
8	2:37 P	Oliver Springs	1.84	
9	3:37 P	Oliver Springs	1.81	
10	7:22 A	Oliver Springs	1.79	
11	9:57 P	Oliver Springs	1.56	
12	5:32 A	Oliver Springs	1.56	
13	7:57 P	Oliver Springs	1.57	
14	7:42 A	Oliver Springs	1.57	
15	2:31 A	Oliver Springs	1.58	
16	12:07 P	Oliver Springs	1.57	
17	11:37 P	Oliver Springs	0.31	Grab sample taken
18	7:47 A	Oliver Springs	0.29	Grab sample taken
19	1:37 P	Oliver Springs	0.31	Grab sample taken
20	8:00 A	Oliver Springs	0.28	Grab sample taken
21	1:07 A	Oliver Springs	0.31	Grab sample taken
22	7:07 P	Oliver Springs	0.31	Grab sample taken
23	3:17 P	Oliver Springs	0.31	Grab sample taken
24	6:07 A	Oliver Springs	1.62	
25	9:12 A	Oliver Springs	1.63	
26	7:27 A	Oliver Springs	1.76	
27	5:02 A	Oliver Springs	1.76	
28	11:57 P	Oliver Springs	1.76	
29	7:37 A	Oliver Springs	1.72	
30	10:37 A	Oliver Springs	1.70	
31	12:07 P	Oliver Springs	1.79	

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.

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? Yes No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? Yes No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: JJ Olson

Title: Compliance Manager

Operator Certification #: 766039

Signature: 

Phone #: (503) 554-8333

OR

Date: 02 / 10 / 2023

Small Groundwater System