

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

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Data Mgmt & Compliance  
 Drinking Water Program

System Name Vintage Ruckles Water PWS ID# 4 1 01532  
 Month/Year Jul / 21 Entry Point: Well House- Post Chlorination 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		Well		
2				
3	11:00	well	.78	v2c
4	11:00		1.29	1703
5	1:00		.76	1743
6	10:00		1.02	1798
7	11:00		.60	1880 ADJUSTED TWP 82
8	10:30		1.21	1972
9	11:00		1.18	2060
10	10:30		.84	2147
11	10:00		1.15	2217
12	8 AM		.92	2250
13	10:45		01.11	2280
14	10:30		1.15	2380
15	10:30		1.21	2475
16	11:00		1.20	2501
17	11:00		1.08	2580
18	10:00		1.23	2605
19	10:00		1.30	2678
20	10:45		1.15	2714
21	11:45		.83	2741
22	10:30		.86	2811
23	11:30		1.03	2855
24	12:00		1.67	2926
25	11:00		.81	2924
26	12:00		1.07	3009
27	10:30		1.20	3040
28	10:30		.96	3083
29	11:00		1.01	3150
30	11:00		1.15	3191
31	8:00		1.01	3201 NEW MIX 20

Was the chlorine residual ever less than the required minimum residual of 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.

<p><b>GWS Serving 3,300 or Fewer</b></p> <p>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</p> <p>Attach those results and submit them with this form.</p>	<p><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" 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>Date continuous monitoring equipment failed:</p> <p style="text-align: center;">/ /</p> <p>Date it was returned to service:</p> <p style="text-align: center;">/ /</p>
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Printed Name: PAT O'BRIEN Title: Operator Certification #:  
 Signature: [Signature] Phone #: (530) 353 5720 OR  
 Date: 8/10/21 Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.