

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

System Name **Vintage Ruckles Water**

PWS ID# **4 1 01532**

Month/Year **Aug 121**

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	10:00	Well	1.18	324 45
2	10:10		1.09	327.5 29
3	10:16		1.06	331.5 35
4	9:30		1.16	335.6 41
5	10:10		1.41	344 206
6	11:00		1.43	355.0 20
7	10:00		1.17	357.0 40
8	10:00		1.27	361.0 29
9	10:00		1.97	3639 28
10	10:00		.85	3667 28
11	10:00		1.25	3695 27
12	10:30		.97	3722 31
13	8:00		1.09	3763 75
14	10:00		1.94	3831 43
15	9:30		.96	3874 37
16	9:00		1.26	3911 44
17	9:30		1.43	3955 -
18	10:00		1.03	2045 -
19	11:00		1.19	4060 45
20	12:30		1.20	4105 19
21	9:00		1.33	4126 28
22	10:08		.78	4154 37
23	8:30		1.09	4191 40
24	8:35		1.37	4231 26
25	10:22		1.40	4257 37
26	12 noon		1.48	4294 23
27	8:51		1.74	4317 32
28	9:25		1.81	4349 16
29	9:14		1.47	4377 24
30	9:44		1.43	4411 32
31	10:00		1.79	4443

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Data Mgmt & Compliance
Drinking Water Program

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.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ 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: **PAT O'BRIEN**

Title: _____

Operator Certification #: _____

Signature: *[Handwritten Signature]*

Phone #: **(530) 353 5720**

OR

Date: **9/1/21**

Small Groundwater System

Return by 10th of following month by either email dlwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

August 22, 2019