

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 Sep 1 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)	meter #	Notes
1	10:40	Well	1.44	4502	
2	11:02		1.52	4531	
3	11:30		1.31	4574	
4	10:30		1.49	4612	
5	11:10		1.52	4645	
6	12:04 PM		1.09	4691	
7	10:06 AM		1.62	4738	
8	11:30 AM		1.52	4783	
9	10:31 AM		1.43	4826	
10	6:19 AM		2.12	4916	
11	11:02 AM		0.94	4950	
12	11:30 AM		1.16	4987	
13	6:30 PM		0.84	5041	
14	8:30 PM		0.91	5083	
15	7:30 PM		0.88	5109	
16	8:20 PM		0.42	5166	
17	6:30 PM		1.03	5162	
18	3 PM	?	0.99	5190	
19	1 PM		1.06	5210	
20	12:00 PM		1.03	5251	
21	1 PM		0.34-76	5270	
22	12:00 PM		1.13	5245	
23	10 AM		0.51	5372	
24	10 AM		0.96	5401	
25	11 AM		0.99	5442	
26	12:00 PM		0.82	5485	
27	11:00		0.75	5521	
28	10:30		0.50	5551	
29	10 AM		0.77	5578	
30	10 AM		0.63	5606	
31					

RECEIVED

OCT 06 2021

Data Mgmt & Compliance

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><i>Attach those results and submit them with this form.</i></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 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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
---	---	---

Printed Name: <u>PAT O'BRIEN</u> Signature: <u>[Signature]</u> Date: <u>10/11/21</u>	Title: <u>OPERATOR</u> Phone #: <u>(530) 353-5720</u>	Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/>
--	--	---