

**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 Nov / 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	9 AM	Well	1.86	6587
2	10:30		1.20	6667
3	10:15		1.05	6726
4	12:00		1.13	6762
5	11:30		1.19	6808
6	10:30		1.70	6861
7	9:30		1.29	6911
8	9:30		1.47	7004
9			1.49	7024
10			1.32	7110
11			1.51	7148
12	8 AM		1.32	7158
13	5 PM		1.17	7181
14	6 PM		1.42	7201
15	8 AM		1.54	7225
16	5 PM		1.31	7291
17	6 PM		1.63	7339
18	9 AM		1.41	7392
19	5 PM		1.57	7410
20	5 PM		1.21	7440
21	3:25		1.57	7471
22	3:29 AM		1.06	7492
23	4:12 PM		1.42	7544
24	2:36 PM		1.65	7582
25	11:10 AM		1.38	7624
26	4:00 PM		1.32	7678
27	3:38 PM		1.20	7700
28	8:53 AM		1.65	7740
29	11:20		1.27	7783
30	11:45		1.02	7827
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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.

<p>GWS Serving 3,300 or Fewer</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>GWS Serving More Than 3,300</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>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: <u>PAT O'BRIEN</u>	Title: _____	Operator Certification #: _____
Signature: <u>Pat O'Brien</u>	Phone #: <u>(530) 353 5720</u>	OR
Date: <u>12 12 21</u>		Small Groundwater System <input checked="" type="checkbox"/>

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