

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

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 State of Oregon Compliance  
 Drinking Water Program

System Name **Vintage Ruckles Water**

PWS ID# **4 1 01532**

Month/Year **Dec 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)	Notes
1	11:59	Well	1.74	7860
2	11:10		.87	7897
3	10:59		.72	7931
4	11:25		1.09	7968
5	12:10		1.23	8000
6	12:50 PM		1.52	8084
7	12:30 PM		1.38	8123
8	10:35 AM		1.38	8157
9	10:15 AM		1.36	8191
10	10:10 AM		1.26	8236
11	10:45 AM		1.61	8271
12	11:35 AM		1.31	8304
13	11:24 AM		1.08	8335
14	10:45		1.05	8372
15	11:00		1.01	8405
16	12:00		1.15	8439
17	9:30		1.54	8472
18	11:00		.98	8505
19	11:30		1.41	8539
20	10:00		1.26	8550
21	12:00		1.40	8602
22	11:00		1.37	8634
23	12:00		1.36	8663
24	10:00		1.33	8700
25	11:00		1.25	8722
26	12:00		1.25	8753
27	11:52 AM		1.20	8783
28	12:07 PM		1.36	8817
29	11:47 AM		0.94	8844
30	3:54 PM		1.34	8888
31	12:24 PM		1.31	8915

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: \_\_\_\_\_

Title: \_\_\_\_\_

Operator Certification #: \_\_\_\_\_

Signature: *[Signature]*

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

OR

Date: **1/17/22**

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.