

**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 JAN/2022 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	12:46 PM	Well	1.41	8952
2	1:51 PM		1.26	8987
3	12:49		1.29	9019
4	12:32		1.28	9053
5	12:24		1.18	9085
6	11:20		1.02	9111
7	1:00 PM		.76	9151
8	11:32		1.14	9187
9	2:10 PM		1.05	9224
10	7:00 AM		1.36	9245
11	10:55 AM		1.29	9285
12	10:00 AM		.95	9321
13	6:45 AM		1.49	9346
14	6:40 AM		1.17	9381
15	6:45 AM		1.36	9411
16	8:20 AM		1.22	9445
17	12 PM		1.27	9486
18	11 AM		1.27 1.80	9460
19	11 AM		1.04	9540
20	1 PM		1.32	9681
21	1 PM		1.29	9690
22	12		1.24	9630
23	2 PM		1.11	9670
24	10:30		1.01	9694
25	11:15		.89	9729
26	10:45		1.00	9759
27	11:00		1.05	9792
28	12:00		.64	9824
29	12:00		.56	9858
30	12:06		1.66	9889
31	11:06		.64	9917

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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: _____
 Signature: [Signature]
 Date: 1/31/22

Title: _____
 Phone #: (530)3555720

Operator Certification #: _____
 OR
 Small Groundwater System

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.