State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

System Name Cold Springs Water Co. PWS ID# 4105201

Month/Year March / 2021 Entry Point: Horse Ranch 1st Oser Required Minimum Residual .7 mg/L

	Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
	1				
	2	10:22 A		1.20	
	3	10:47 A		1.10	
	4	11:30 AM		1.09	
	5	8:45 AM		1.05	
	6	9:10 AM		1.03	
	7	9:00 AM		1.02	
M	8	8:30 AM		1.00	
T	9	2:00 PM		1.13	
W	10	10:00 AM		1.05	
Th	11	11:30 AM		1.07	
F	12	2:30 PM		1.03	
Sa	13	11:00 AM		1.07	
Su	14	9:10 AM		1.02	
Mon	15	Noon		.93	
Tues	16	11:20 AM		1.11	
Wed	17	9:45 AM		.89	
Thurs	18	8:00 AM		.93	
Fri	19	3:30 PM		.85	
Sat	20	8:50 AM		.82	
Sun	21	10:50 AM		.79	
Mon	22	11:00 AM		.72	
Tues.	23	2:00 PM		.87	
Wed.	24	10:05 AM		.75	
Thurs.	25	8:30 AM		.90	
Fri	26	11:00 AM		1.20	
Sat.	27	9:00 AM		1.05	
Sun.	28	9:00 AM		.95	
Mon	29	9:00	AM	.87	
Tues	30	9:00	AM	.80	
Wed	31	9:00	AM	.92	

Was the chlorine residual ever less than the required minimum residual of .70 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: Sean Peterson Title:

Signature: Phone #: ( )

Date: 3 / 31 / 2021

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.