

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

System Name Cold Springs Water Co.

PWS ID# 4105201

Month/Year April / 2021 Entry Point:

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	9:00	AM	1.05	
2	9:30	AM	1.34	
3	9:00	AM	1.21	
4	9:15	AM	1.07	
5	8:45	AM	1.31	
6	9:00	AM	1.16	
Wed	7	9:45	.94	
8	11:15	AM	1.04	
9	2:30	AM	1.02	
10	9:00	AM	.98	
11	8:00	AM	1.03	
Mon	12	11:30	1.09	
13	11:30	AM	1.25	
14	9:30		1.30	
15	9:00		1.40	
16	8:30		1.64	
17	9:00		1.20	
18	9:00		1.12	
19	10:30	↓	.98	
Tues	20	9:30	.78	
wed	21	10:00	.83	
Thurs	22	10:00	.91	
fri	23	9:30	.81	
Sat	24	9:00	.86	
Sun	25	9:00	.93	
Mon	26	11:30	.84	
Tues	27	9:00	1.10	
Wed	28	8:30	.81	
Thurs	29	9:00	.75	
30	9:00	?	.91	
31	9:00	↓	.89	

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>Attach those results and submit them with this form.</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>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>
--	--	---

Printed Name: <u>Scott Peterson</u>	Title: _____	Operator Certification #: _____
Signature: _____	Phone #: ( ) _____	OR
Date: <u>5/4/2021</u>		Small Groundwater System <input checked="" type="checkbox"/>