

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

System Name **Cold Springs 4105201**

PWS ID# 41

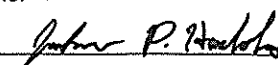
Month/Year **8 / 23** Entry Point:

Required Minimum Residual  mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	9		1.41	
2	9		1.09	
3	9		1.07	
4	9		1.13	
5	9		1.05	
6	9		0.89	
7	9		0.87	
8	9		0.83	
9	9		0.81	
10	9		1.08	
11	9		1.37	
12	9		1.35	
13	9		1.32	
14	9		1.27	
15	9		1.21	
16	9		1.2	
17	9		1.23	
18	9		1.17	
19	9		1.15	
20	9		1.08	
21	9		1.1	
22	9		1.14	
23	9		1.76	
24	9		1.79	
25	9		1.75	
26	9		1.72	
27	9		1.71	
28	9		1.70	
29	9		1.70	
30	9		1.75	
31	9		1.67	

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><i>Attach those results and submit them with this form.</i></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 checked="" 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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: _____ / _____ / NA</p> <p>Date it was returned to service: _____ / _____ / NA</p>
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Printed Name: Jackson Humbolt	Title:	Operator Certification #:
Signature: 	Phone #: (503) 985-7561	OR
Date: 9 / 01 / 23		Small Groundwater System <input 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.