


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

System Name **Cold Springs 4105201** PWS ID# 41  
 Month/Year **10 / 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		0.81	
2	9		0.76	
3	9		0.89	
4	9		1.20	
5	9		1.23	
6	9		1.14	
7	9		1.18	
8	9		1.09	
9	9		1.56	
10	9		1.80	
11	9		1.52	
12	9		1.71	
13	9		1.68	
14	9		1.63	
15	9		1.55	
16	9		1.44	
17	9		1.38	
18	9		1.25	
19	9		1.27	
20	9		1.20	
21	9		1.18	
22	9		1.13	
23	9		1.11	
24	9		1.45	
25	9		1.38	
26	9		1.36	
27	9		1.35	
28	9		1.23	
29	9		1.09	
30	9		.80	
31	9		1.15	

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><i>Attach those results and submit them with this form.</i></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 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: / / <i>N/A</i></p> <p>Date it was returned to service: / / <i>N/A</i></p>
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Printed Name: Lisa Griegs Title: \_\_\_\_\_ Operator Certification #: \_\_\_\_\_  
 Signature: *Lisa Griegs* Phone #: (503) 985-7561 OR  
 Date: 10 / 31 / 23 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.**