

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

System Name Cold Springs PWS ID# 41 05201
 Month/Year 11 / 23 Entry Point: Required Minimum Residual .70 mg/L

| Date | Time | Source(s) in use | Lowest free chlorine residual at entry point to distribution system (mg/L) | Notes |
|------|------|------------------|--|-------|
| 1 | 9 | | 1.26 | |
| 2 | 9 | | 1.17 | |
| 3 | 9 | | 1.08 | |
| 4 | 9 | | .96 | |
| 5 | 9 | | .92 | |
| 6 | 9 | | .85 | |
| 7 | 9 | | 1.26 | |
| 8 | 9 | | 1.17 | |
| 9 | 9 | | .90 | |
| 10 | 9 | | .80 | |
| 11 | 9 | | .70 | |
| 12 | 9 | | .70 | |
| 13 | 9 | | .70 | |
| 14 | 9 | | .90 | |
| 15 | 9 | | 1.10 | |
| 16 | 9 | | 1.26 | |
| 17 | 9 | | 1.19 | |
| 18 | 9 | | 1.18 | |
| 19 | 9 | | 1.26 | |
| 20 | 9 | | 1.19 | |
| 21 | 9 | | 1.11 | |
| 22 | 9 | | 1.03 | |
| 23 | 9 | | 1.00 | |
| 24 | 9 | | .96 | |
| 25 | 9 | | .90 | |
| 26 | 9 | | .85 | |
| 27 | 9 | | .80 | |
| 28 | 9 | | 1.02 | |
| 29 | 9 | | 1.24 | |
| 30 | 9 | | 1.18 | |
| 31 | 9 | | 1.08 | |

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.

| | | |
|---|---|---|
| <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 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: / /</p> <p>Date it was returned to service: / /</p> |
|---|---|---|

Printed Name: Lisa Grigg Title: Accounting Clerk Operator Certification #: _____
 Signature: [Signature] Phone #: (503) 985-7561 OR
 Date: 12/5/23 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.