

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

System Name Cold Springs PWS ID# 41 05201  
 Month/Year 1 124 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		.85	
2	9		.87	
3	9		1.10	
4	9		1.05	
5	9		.97	
6	9		.98	
7	9		.96	
8	9		.95	
9	9		1.25	
10	9		1.90	
11	9		1.35	
12	9		1.17	
13	9		1.12	
14	9		1.10	
15	9		.95	
16	9		.90	
17	9		.87	
18	9		1.15	
19	9		1.10	
20	9		1.08	
21	9		.90	
22	9		.92	
23	9		1.12	
24	9		1.05	
25	9		1.00	
26	9		.96	
27	9		.90	
28	9		.85	
29	9		.80	
30	9		1.82	
31	9		1.60	

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><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 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>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>
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Printed Name: Lisa Grigg Title: Accounting Clerk Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (503) 985-7561 OR  
 Date: 2/1/24 Small Groundwater System