

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

System Name Cold Springs PWS ID# 41 05201  
 Month/Year 3/24 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	3:30		.86	
2	3:30		.90	
3	3:30		.95	
4	3:30		.97	
5	4		1.03	
6	1:30		1.15	
7	2:30		1.13	
8	3:30		1.16	
9	1p		1.10	
10	1p		1.00	
11	3p		.81	
12	3p		.95	
13	3p		1.05	
14	4p		1.05	
15	3p		1.07	
16	3p		1.00	
17	4p		.95	
18	4p		.81	
19	3p		.94	
20	4p		.91	
21	4p		.97	
22	4p		.95	
23	4p		.95	
24	4p		.91	
25	2p		.89	
26	4p		.94	
27	4p		.94	
28	4p		.90	
29	2:30p		.97	
30	1p		.95	
31	1p		.94	

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 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 Griss Title: Account Clerk Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (503) 985-7541 OR  
 Date: 4/13/24 Small Groundwater System