

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

System Name Cold Springs PWS ID# 41 05201  
 Month/Year 4 124 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	2p		1.04	
2	4p		.97	
3	4p		1.23	
4	2p		1.11	
5	2p		1.35	
6	12p		1.20	
7	12p		1.20	
8	2p		1.65	
9	2p		1.75	
10	3p		1.69	
11	3p		1.57	
12	3p		1.45	
13	1p		1.40	
14	1p		1.40	
15	1p		1.35	
16	2p		1.45	
17	2p		1.42	
18	4p		1.40	
19	1p		1.50	
20	1p		1.55	
21	1p		1.50	
22	4p		2.20	
23	4p		1.70	
24	4p		1.55	
25	4p		1.50	
26	4p		1.45	
27	4p		1.40	
28	4p		1.45	
29	4p		1.51	
30	4p		1.36	

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: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: Lisa Gross Title: Accounting Clerk Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (503) 985-7561 OR  
 Date: 5/7/24 Small Groundwater System