

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

System Name Cold Springs PWS ID# 41-05201
 Month/Year 10/24 Entry Point: Required Minimum Residual .90 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	11		1.10	
2	11		1.13	
3	11		1.13	
4	11		1.06	
5	11		1.10	
6	11		1.10	
7	11		1.14	
8	11		1.19	
9	11		1.14	
10	11		1.17	
11	11		1.13	
12	11		1.12	
13	11		1.10	
14	11		1.06	
15	11		1.15	
16	11		1.19	
17	11		1.13	
18	11		1.09	
19	11		1.00	
20	11		.90	
21	11		1.05	
22	11		1.04	
23	11		1.07	
24	11		1.10	
25	11		1.08	
26	11		1.06	
27	11		1.02	
28	11		1.06	
29	11		1.06	
30	11		1.08	
31	11		1.03	

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>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to <u>mg/L</u> 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 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: <u> / /</u></p> <p>Date it was returned to service: <u> / /</u></p>
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Printed Name: Lisa Gross Title: Accounting Clerk Operator Certification #: _____
 Signature: [Signature] Phone #: (503) 985-7561 OR
 Date: 11/8/24 Small Groundwater System