

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

System Name Cold Springs PWS ID# 41 - 05201  
 Month/Year 11.12.4 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	11		1.02	
2	11		1.02	
3	11		1.04	
4	11		1.05	
5	11		1.03	
6	11		1.08	
7	11		1.14	
8	11		1.03	
9	11		1.05	
10	11		1.07	
11	11		1.09	
12	11		1.18	
13	11		1.14	
14	11		1.12	
15	11		1.08	
16	11		1.07	
17	11		1.04	
18	11		1.11	
19	11		1.07	
20	11		1.04	
21	11		1.02	
22	11		1.10	
23	11		1.09	
24	11		1.07	
25	11		1.06	
26	11		1.03	
27	11		1.08	
28	11		1.08	
29	11		1.06	
30	11		1.04	
31				

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.

**GWS Serving 3,300 or Fewer**

If yes, did you monitor every four hours until the residual returned to \_\_\_\_\_ mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

**GWS Serving More Than 3,300**

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☒ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: / /

Date it was returned to service: / /

Printed Name: Lisa Grigs

Signature: [Signature]

Date: 12/16/12

Title: Accounts Clerk

Phone #: (503) 985-7561

Operator Certification #:

OR

Small Groundwater System ☐