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

System Name: Cold Springs          PWS ID# 41-05201

Month/Year: 1/25    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 | '' | | 1.10 | |
| 2 | '' | | 1.15 | |
| 3 | '' | | 1.15 | |
| 4 | '' | | 1.20 | |
| 5 | '' | | 1.21 | |
| 6 | '' | | 1.23 | |
| 7 | '' | | 1.21 | |
| 8 | '' | | 1.19 | |
| 9 | '' | | 1.20 | |
| 10 | '' | | 1.20 | |
| 11 | '' | | 1.17 | |
| 12 | '' | | 1.18 | |
| 13 | '' | | 1.16 | |
| 14 | '' | | 1.11 | |
| 15 | '' | | 1.17 | |
| 16 | '' | | 1.15 | |
| 17 | '' | | 1.19 | |
| 18 | '' | | 1.18 | |
| 19 | '' | | 1.17 | |
| 20 | '' | | 1.17 | |
| 21 | '' | | 1.21 | |
| 22 | '' | | 1.27 | |
| 23 | '' | | 1.18 | |
| 24 | '' | | 1.14 | |
| 25 | '' | | 1.17 | |
| 26 | '' | | 1.19 | |
| 27 | '' | | 1.21 | |
| 28 | '' | | 1.17 | |
| 29 | '' | | 1.12 | |
| 30 | '' | | 1.18 | |
| 31 | '' | | 1.09 | |

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.

### 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 Griggs          Title: Accounting Clerk          Operator Certification #: 

Signature: Lisa W.          Phone #: (503) 985-7561          OR

Date: 1/31/125          Small Groundwater System ☐