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

Date Time Source(s) in use Lowest free chlorine residual at entry point to distribution system (mg/L)	System Name Cold Springs PWS ID# 41 - 05201							
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Printed Name: Lisa Grigs Title: Cold Spring Operator Operator Certification # 5991524	Printed							
Signature: Phone #: (503) 985 OR	OR							
Date: 3 / 4 / 25 Small Groundwater System								