

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

System Name Cold Springs PWS ID# 41 - 05201  
 Month/Year 2.12.5 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		1.30	
2	11		1.55	
3	11		1.70	
4	11		1.22	
5	11		1.32	
6	11		1.17	
7	11		1.13	
8	11		1.15	
9	11		1.15	
10	11		1.20	
11	11		1.12	
12	11		1.02	
13	11		1.04	
14	11		1.05	
15	11		1.05	
16	11		1.08	
17	11		1.08	
18	11		1.05	
19	11		1.10	
20	11		1.10	
21	11		1.32	
22	11		1.30	
23	11		1.25	
24	11		1.21	
25	11		1.87	
26	11		1.93	
27	11		1.87	
28	11		2.13	
29	—		—	
30	—		—	
31	—		—	

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: Cold Springs Operator  
 Signature: [Signature] Phone #: (503) 985-7561  
 Date: 3/4/25

Operator Certification #: 5991524  
 OR  
 Small Groundwater System ☐