

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

System Name <u>Cold Springs Water Company</u>	PWS ID# <u>41 - 05201</u>
Month/Year <u>3 / 2025</u> Entry Point:	Required Minimum Residual <u>1.70</u> mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	11		2.15	
2	11		2.15	
3	11		2.20	
4	11		2.20	
5	11		1.58	
6	11		1.41	
7	11		1.26	
8	11		1.50	
9	11		1.75	
10	11		2.20	
11	11		1.20	
12	11		1.25	
13	11		1.34	
14	11		2.20	
15	11		2.15	
16	11		2.10	
17	11		2.03	
18	11		2.20	
19	11		2.20	
20	11		1.84	
21	11		2.18	
22	11		2.18	
23	11		2.15	
24	11		2.11	
25	11		1.84	
26	11		1.83	
27	11		1.55	
28	11		1.65	
29	11		1.80	
30	11		1.80	
31	11		2.06	

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: _____ / _____ / _____ Date it was returned to service: _____ / _____ / _____
---	--	--

Printed Name: <u>Lisa Griggs</u> Signature: <u>[Signature]</u> Date: <u>4 / 3 / 2025</u>	Title: <u>Cold Springs Operator</u> Phone #: <u>(503) 965-7561</u>	Operator Certification #: <u>591524</u> OR Small Groundwater System <input type="checkbox"/>
--	---	--