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

System Name: ColdSprgs Water Company   PWS ID# 41 - 05201

Month/Year: 5 /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	10		2.15	
2	10		2.10	
3	10		2.10	
4	10		2.00	
5	10		2.00	
6	10		2.00	
7	10		1.80	
8	10		1.75	
9	10		2.20	
10	10		2.20	
11	10		2.20	
12	10		2.15	
13	10		2.00	
14	10		1.90	
15	10		1.80	
16	10		1.65	
17	10		2.20	
18	10		2.20	
19	10		2.10	
20	10		2.10	
21	10		2.10	
22	10		2.00	
23	10		1.80	
24	10		1.80	
25	10		1.50	
26	10		2.10	
27	10		2.10	
28	10		2.15	
29	10		2.20	
30	10		2.20	
31	10		2.10	

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 Griggs   Title: Operator   Operator Certification #: S991524

Signature: _____   Phone #: (503) 985-7561   OR

Date: 6 15 /2025   Small Groundwater System ☐