

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

System Name ColdSpas Water Company PWS ID# 41-05201
 Month/Year 6.125 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		1.40	
2	10		1.16	
3	10		1.13	
4	10		1.20	
5	10		1.15	
6	10		.80	
7	10		1.25	
8	10		1.25	
9	10		.90	
10	10		1.09	
11	10		.79	
12	10		1.20	
13	10		1.42	
14	10		1.34	
15	10		1.20	
16	10		1.11	
17	10		1.04	
18	10		.94	
19	10		1.53	
20	10		1.65	
21	10		1.56	
22	10		1.45	
23	10		2.05	
24	10		2.15	
25	10		2.45	
26	10		2.60	
27	10		3.00	
28	10		3.00	
29	10		3.00	
30	10		3.00	
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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 Grigs

Signature: [Signature]

Date: 7.19.12

Title: Operator

Phone #: (503) 985-7561

Operator Certification #: S991524

OR

Small Groundwater System ☐