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

System Name: Cold Springs Water Company — PWS ID#: 41 - 05201

Month/Year: 8/25 — 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		1.80	
2	10		1.78	
3	10		1.76	
4	10		1.74	
5	10		1.73	
6	10		1.70	
7	10		1.69	
8	10		2.09	added chlorine + water
9	10		2.00	
10	10		1.95	
11	10		1.89	
12	10		1.85	
13	10		1.82	
14	10		1.76	
15	10		1.74	
16	10		1.72	
17	10		1.68	
18	10		1.63	
19	10		1.60	
20	10		1.55	
21	10		1.93	added chlorine + water
22	10		1.92	
23	10		1.86	
24	0		1.81	
25	10		1.79	
26	10		1.78	
27	10		1.74	
28	10		1.69	
29	10		1.67	added chlorine
30	10		1.85	
31	10		1.85	

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 W. Gross — Title: Operator

Signature: Lisa W. Gross — Phone #: (503) 985-7561

Date: 9/9/25

Operator Certification #: S991524

OR

Small Groundwater System ☐

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694;

or mail to Drinking Water Services, PO Box 14450, Portland, OR 97293-0450