

**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 9.125 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		1.75	
2	10		1.65	
3	10		1.58	
4	10		1.54	
5	10		1.52	
6	10		1.50	
7	10		1.48	
8	10		1.47	
9	10		1.40	
10	10		1.28	
11	10		.90	water leak in system
12	10		1.75	
13	10		1.10	added chlorine
14	10		1.10	
15	10		1.07	added chlorine
16	10		1.55	
17	10		1.52	
18	10		1.50	
19	10		1.43	
20	10		1.43	
21	10		1.40	
22	10		1.40	
23	10		1.38	added chlorine
24	10		2.13	
25	10		2.10	
26	10		2.05	
27	10		1.96	
28	10		1.90	
29	10		1.85	
30	10		1.82	
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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?  
notified by end of next business day.

hours - If > 4 hours, Drinking Water Program to be

**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. Grigg

Title: Operator

Operator Certification #: S991524

Signature: [Signature]

Phone #: (503) 985-7561

OR

Date: 10/9/25

Small Groundwater System ☐

Return by 10<sup>th</sup> of following month by either email [dwp.dmrce@state.or.us](mailto:dwp.dmrce@state.or.us); fax 971-673-0694;  
or mail to Drinking Water Services, PO Box 14250, Portland, OR 97222-0250