

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

System Name *Cold Springs Water Company*

PWS ID# 41 - ~~05201~~ 05201

Month/Year *10/125* 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		1.38	
2	10		1.08	
3	10		1.59	
4	10		1.45	
5	10		1.35	
6	10		1.25	
7	10		1.69	
8	10		1.75	added chlorine
9	10		2.43	
10	10		2.33	
11	10		2.15	
12	10		2.05	
13	10		1.47	
14	10		1.51	
15	10		1.41	
16	10		1.20	
17	10		1.26	
18			1.20	
19	10		1.17	
20	10		1.14	
21	10		.95	
22	10		.90	
23	10		1.75	
24	10		1.70	
25	10		1.61	
26	10		1.52	
27	10		1.40	
28	10		1.35	
29	10		1.25	
30	10		1.18	
31	10		1.10	

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: / /
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Printed Name: <i>Lisa W. Griss</i>	Title: <i>Operator</i>	Operator Certification #: <i>S991524</i>
Signature: <i>Lisa W. Griss</i>	Phone #: (541) 985-7561	OR
Date: <i>11/10/125</i>	Small Groundwater System <input type="checkbox"/>	