

**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		11 125	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	16		1.25		
2	10		1.19		
3	10		1.14		
4	10		1.01		
5	10		0.96		
6	10		0.87		
7	10		0.82		
8	10		1.50		
9	10		1.42		
10	10		1.24		
11	10		1.18		
12	10		1.20		
13	10		1.17	added chlorine	
14	10		2.19		
15	16		2.02		
16	10		1.75		
17	10		1.29		
18	10		1.39		
19	10		1.35	added chlorine	
20	10		1.84		
21	10		1.83		
22	10		1.78		
23	10		1.72		
24	10		1.66		
25	10		1.53		
26	10		1.25		
27	10		1.16		
28	10		1.05		
29	10		.98		
30	10		.85		
31					

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.

<p><b>GWS Serving 3,300 or Fewer</b></p> <p>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</p> <p>Attach those results and submit them with this form.</p>	<p><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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</p> <p>Attach grab sample results and submit them with this form.</p>
<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>	

Printed Name: Lisa Congi Title: Operator Operator Certification #: S 991524  
 Signature: Lisa Congi Phone #: (503) 983-7661 OR  
 Date: 12/9/25 Small Groundwater System

*Return by 10<sup>th</sup> of following month by either email dwp.dmcu@state.or.us; fax 971-673-0694;  
or mail to Drinking Water Services, DOB Box 14260, Portland, OR 97202-0260*