

**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	10		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	10		2.02	
16	10		1.75	
17	10		1.29	
18	10		1.39	
19	10		1.35	added chlorine
20	10		1.86	
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.

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 Gigg

Title: Operator

Operator Certification #: S991524

Signature: [Signature]

Phone #: (503) 985-7661

OR

Date: 12/9/25

Small Groundwater System ☐