

**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 1/26 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	10:00		2.00	
2	10:00		1.65	
3	10:00		1.51	
4	10:00		1.00	
5	10:00		.083	
6	10:00		1.20	
7	10:00		1.51	
8	10:00		1.37	
9	10:00		1.03	
10	10:00		.95	
11	10:00		.87	
12	10:00		.79	
13	10:00		1.02	
14	10:00		1.83	
15	10:00		1.59	
16	10:00		1.63	
17	10:00		1.63	
18	10:00		1.61	
19	10:00		1.60	
20	10:00		1.53	
21	10:00		1.37	
22	10:00		1.10	
23	10:00		.96	
24	10:00		1.05	
25	10:00		1.00	
26	10:00		.99	
27	10:00		.85	
28	10:00		1.67	
29	10:00		1.53	
30	10:00		1.50	
31	10:00		1.45	

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>GWS Serving 3,300 or Fewer</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>GWS Serving More Than 3,300</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>
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Printed Name: Lisa Grigg Title: Operator Operator Certification #: 5991524
 Signature: _____ Phone #: (503) 985-7561 OR
 Date: 2/6/26 Small Groundwater System