

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

System Name **Cold Spring Water Co.**

PWS ID# 41



Month/Year **01 / 22** Entry Point:

Required Minimum Residual mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	9:00		.80	
2	9:00		.70	
3	9:00		.91	
4	9:00		.86	
5	9:00		.76	
6	9:00		.70	
7	9:00		.71	
8	9:00		.80	
9	9:00		.78	
10	9:00		.73	
11	9:00		.80	
12	9:00		.72	
13	9:00		.70	
14	9:00		.71	
15	9:00		.71	
16	9:00		.72	
17	9:00		.76	
18	9:00		.74	
19	9:00		.72	
20	9:00		.69	
21	9:00		.63	
22	9:00		.74	
23	9:00		.73	
24	9:00		.68	
25	9:00		.67	
26	9:00		.71	
27	9:00		.69	
28	9:00		.64	
29	9:00		.82	
30	9:00		.98	
31	9:00		.97	

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.

<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><i>Attach those results and submit them with this form.</i></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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: _____	Title: _____	Operator Certification #: _____
Signature: _____	Phone #: () _____	OR
Date: _____ / _____ / _____		Small Groundwater System <input type="checkbox"/>

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694;