

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

System Name Cold Springs      4105201      PWS ID# 41  
 Month/Year 07 / 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	7		.87	
2	7		.88	
3	7		.89	
4	7		.89	
5	7		1.35	
6	7		1.39	
7	7		.98	
8	7		1.07	
9	7		.95	
10	7		.72	
11	7		.76	
12	7		.75	
13	7		.76	
14	7		.76	
15	7		.78	
16	7		.92	
17	7		.88	
18	7		.88	
19	7		.79	
20	7		.85	
21	7		.9	
22	7		1.02	
23	7		.71	
24	7		.7	
25	7		.76	
26	7		.75	
27	7		.76	
28	7		.7	
29	7		.7	
30	7		.72	
31	7		.7	

Was the chlorine residual ever less than the required minimum residual of .07 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><i>Attach those results and submit them with this form.</i></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><i>Attach grab sample results and submit them with this form.</i></p>
<p>Date continuous monitoring equipment failed:      /      /      N/A</p> <p>Date it was returned to service:      /      /      N/A</p>	

Printed Name: Roberto Tellez      Title: \_\_\_\_\_      Operator Certification #: \_\_\_\_\_  
 Signature: [Signature]      Phone #: (971) 201-0662      OR  
 Date: 08/09/22      Small Groundwater System