


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

System Name Cold Springs 4105201 PWS ID# 41 
 Month/Year 10 / 2022 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	6		.96	
2	6		.92	
3	6		.90	
4	6		.87	
5	6		.88	
6	6		.89	
7	6		.87	
8	6		.86	
9	6		.86	
10	6		.88	
11	6		.89	
12	6		.87	
13	6		.81	
14	6		.81	
15	6		.82	
16	6		.82	
17	6		.82	
18	6		.81	
19	6		.80	
20	6		.81	
21	6		.81	
22	6		.82	
23	6		.81	
24	6		.81	
25	6		.81	
26	6		.81	
27	6		.82	
28	6		.82	
29	6		.82	
30	6		.82	
31	6		.81	

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: / / N/A</p> <p>Date it was returned to service: / / N/A</p>
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Printed Name: Robert Teller Title: _____ Operator Certification #: _____
 Signature: Robert Teller Phone #: (503) 485-7561 OR
 Date: 11 / 10 / 22 Small Groundwater System

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.