

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

System Name **Cold Springs 4105201**

PWS ID# 41

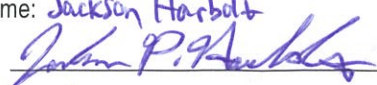
Month/Year **7 / 23** Entry Point:

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		0.98	
2	9		0.95	
3	9		0.96	
4	9		0.93	
5	9		0.90	
6	9		0.92	
7	9		0.93	
8	9		0.91	
9	9		0.94	
10	9		0.9	
11	9		0.89	
12	9		0.87	
13	9		0.89	
14	9		0.88	
15	9		0.85	
16	9		0.86	
17	9		0.82	
18	9		0.8	
19	9		0.79	
20	9		0.8	
21	9		0.78	
22	9		0.76	
23	9		0.79	
24	9		0.78	
25	9		1.45	
26	9		1.46	
27	9		1.43	
28	9		1.31	
29	9		1.27	
30	9		1.26	
31	9		1.21	

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>Attach those results and submit them with this form.</p>	<p align="center">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: _____ / _____ / N/A</p> <p>Date it was returned to service: _____ / _____ / N/A</p>
--	--

Printed Name: Jackson Harbolt	Title:	Operator Certification #:
Signature: 	Phone #: (503) 985-761	OR
Date: 08 / 01 / 2023		Small Groundwater System <input type="checkbox"/>

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.