

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

System Name Cold Springs PWS ID# 41 85201
 Month/Year 12 123 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	9		1.04	
2	9		1.10	
3	9		1.10	
4	9		1.08	
5	9		.80	
6	9		1.21	
7	9		1.19	
8	9		1.18	
9	9		1.25	
10	9		1.05	
11	9		.90	
12	9		1.15	
13	9		1.50	
14	9		1.45	
15	9		1.36	
16	9		1.31	
17	9		1.30	
18	9		1.25	
19	9		1.31	
20	9		.98	
21	9		.92	
22	9		.90	
23	9		.90	
24	9		.90	
25	9		.95	
26	9		.91	
27	9		.87	
28	9		.89	
29	9		.85	
30	9		.85	
31	9		.84	

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><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 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: Lisa Griss Title: Account Clerk Operator Certification #: _____
 Signature: [Signature] Phone #: (503) 985-7561 OR
 Date: 1 15 24 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.