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

		. ,	~ ~	ER IMPROV. P	WS ID# 41	
Month/\	Year // /	Entry Poi	int:	ISTRICT RE	equired Minimur	m Residual 🥝 💍 mg/L
Date	Time	Source(s) in	ıuse	Lowest free chlorine residual at entry point to distribution system (mg/L		Notes
1				1.2		
2				(.)		multimorphism plantin and the first the state of the stat
3				1.2		
4				1.2		
5				11.2		
6 7				1-3		
8				13		
9				1.2		engen kalanga ing mga mga mga mga manah kenganap malannap na animan payya aya sa mi, ya ma anima
10				1.2	:	
11				1.2		
12				1.2		
13				1.2		
14	-			1.2		
15				1.2		
16				1.2		
17				1:2-		
18				12		
19 20				1.6		
21			7.3	1.8	ADDED C	CHLORINE MIXTURE
22				1.6	13,1110	7/20/2/
23				10		
24			1,1	1 8	H PA	END
25				11.8	-,	
26			-	1. 7	AUG	1 6 2021
27				1.8		د Compliance
28			8	1.7		Vater Program
29				1.8		
30				1.8		
31				1.6		
/as the	chlorine residual	ever less than the	equired minimun	n residual of mg/L?	Yes No	
	hat was the longe		the required leve	l was restored? hour	s – <u>If &gt; 4 hours, C</u>	Drinking Water Program to be
otified b	by end of next bu	siness day.	the required leve			
otified b	by end of next but	siness day.		GWS Serving	More Than 3,	
otified b GWS yes, did	by end of next but Serving 3,30 d you monitor ever residual returned	o or Fewer ery four hours to mg/L	Did continuous reporting month	GWS Serving monitoring equipment fail at  ? ☐ Yes ☐ No	More Than 3,	300
GWS f yes, did ntil the is	Serving 3,30 d you monitor everesidual returned red? Yes	siness day.  O or Fewer ery four hours to mg/L  No	Did continuous i reporting month If yes, were grat	GWS Serving	More Than 3, any time this ur hours until the	300 Date continuous monitoring
GWS yes, die ntil the is requir	Serving 3,30 d you monitor everesidual returned red? Yes	siness day.  O or Fewer ery four hours to mg/L  No	Did continuous reporting month if yes, were grat continuous mon required?	GWS Serving monitoring equipment fail at a complex collected every for itering equipment was return	More Than 3, any time this ur hours until the ed to service as	Date continuous monitoring equipment failed:  / / Date it was returned to
otified b GWS yes, did ntil the i s requir	Serving 3,30 d you monitor everesidual returned red? Yes nose results and s	or Fewer ery four hours to mg/L No submit them with	Did continuous reporting month if yes, were grat continuous mon required? Attach grab sam	GWS Serving monitoring equipment fail at a complex collected every for a collected every fail to be a collected every fail to be a collected every for a collected every fail to be a collected ev	More Than 3, any time this ur hours until the ed to service as with this form.	Date continuous monitoring equipment failed:  / Date it was returned to service;
GWS yes, die ntil the i s requir ttach th	Serving 3,30 d you monitor everesidual returned red? Yes nose results and s	siness day.  O or Fewer ery four hours to mg/L  No	Did continuous i reporting month If yes, were grat continuous mon required? Attach grab sam Title:	GWS Serving monitoring equipment fail at a complex collected every for a collected every fail to be a collected every fail to be a collected every for a collected every fail to be a collected ev	More Than 3, any time this ur hours until the ed to service as with this form.	Date continuous monitoring equipment failed:  / / Date it was returned to service: / /

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Date: 08 / 07 / 202 1

Small Groundwater System

Return by 10<sup>th</sup> 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.

August 22, 2019