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

JUN 0 6 2024

	- The second sec					
Date	Time	Source(s) i	n use	Lowest free chlorine residual at entry point distribution system (mg	to	Notes
1				.08		
2				.08		
3				.08		
4				.08		
5				.08		
6				.07		
7				,07		
8				.07		
9				.07		
10				.08		
11				-08		
12				.08		
14						
15				.08		
16				108		5
17				.08		
18				.08		
19				108		
20		B. ru		.08		
21				.08		
22				-08	in the second	
23				108		2 (50) (1) = (1)
24				.08		
25		- 25		1.06		
26				108		95
27				.08		
28				.05	- Naul On	
29				1.06		
30		- 1 - N		.08		
31				106	•	ktori di di di
yes, wł	nat was the long		и.			rinking Water Program to b
-	y end of next bu					
GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to mg/L as required? Yes No Attach those results and submit them with this form.			GWS Serving More Than 3,300			
			Did continuous monitoring equipment fail at any time this reporting month? Yes No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No Attach grab sample results and submit them with this form.			Date continuous monitoring equipment failed:
						Date it was returned to service:

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

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August 22, 2019 RECEIVED

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Certification Drinking Water Services