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

						05346 O 40 mg/l
Month/Year 8 / 2025 Entry Point: Required Minir						m Residual 0.40 mg/L
Date	Time	Source(s) i	in use	Lowest free chlori residual at entry poi distribution system (i	int to	Notes
1				.08		
2				09		
3				09		
4				.09		
5				.69		
6 7				. 19		
8						
9				.09		
10				.09		
11				09		
12		0.75		.04		
13				108		
14				.08		
15				.08		
16				.08		
17				.08		
18				-88		
19				.08		
20				.08		
21	,			.08		
22				68		
23				.08		
24				.08		
25 26				007		
27				.08		
28				.01	- 40	
29				.67		
30				.09		
31				.09		
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.						
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300						
If yes, did you monitor every four hours until the residual returned to mg/L as required? Yes No			Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No			Date continuous monitoring equipment failed:
Attach those results and submit them with this form.			The state of the s			Date it was returned to service:
Printed Name:			Title:			tor Certification #:

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

ystems SEP SEP STATE OF SMALL Groundwater System 19 2025

Date: 9 1 1 202 Small Groundwater Gys

Return by 10<sup>th</sup> of following month by either email Swp.dmce@state.or.us; fax 971-673-0694;

or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

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