


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

System Name Eastgate vet clinic

PWS ID# 41 

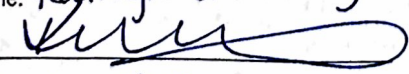
Month/Year 9 12023 Entry Point:

Required Minimum Residual 0.722 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes	
1	5:10	Bathroom sink	1.2	013961	
2		↓			
3					
4	5:10			1.1	013977
5	5:05p			1.2	013983
6	5p			1.2	013989
7	5:10			1.2	013994
8					
9					
10					
11	5p		↓	1.3	014009
12	5:05p			1.2	014014
13	4:30			1.2	014018
14	5:10			1.2	014026
15	5:20			1.1	014030
16					
17					
18	5			1.3	014041
19	4:50			1.2	014045
20	4:50			1.2	014050
21	5:10		1.1	014054	
22	5:30		1.2	014059	
23					
24					
25	5:20		1.2	014072	
26	5p		1.1	014078	
27	5		1.2	014084	
28	5:30		1.2	014089	
29	5:15		1.2	014093	
30					
31					

Was the chlorine residual ever less than the required minimum residual of 0.72 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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: Kathryn Callaway Title: practice manager Operator Certification #: \_\_\_\_\_  
 Signature:  Phone #: (541) 752-3786 OR  
 Date: 10/1/2023 Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dup.dmce@state.or.us](mailto:dup.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.