

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

System Name Eastgate vet clinic PWS ID# 41
 Month/Year 10 23 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	Sp	Bathroom sink	1.2	014092
2		(1st tap after entry to system)	1.2	014098
3		↓	1.1	014104 tank refilled
4	5:05		1.2	014109
5	6:35		1.2	014115
6			1.1	
7				
8				
9	5:10		1.2	014135
10	5:30		1.2	014139
11	5:30		1.1	014142
12	5:10		1.1	014145
13				
14				
15				
16	Sp	↓	1.1	014154
17	5:05		1.0	014160
18	5:30		1.2	014165
19	4:50		1.2	014169
20	5:10		1.1	014174
21				
22				
23	Sp		1.2	014189
24	5:40		1.2	014194
25	6:10		1.1	014199
26				
27				
28				
29				
30				
31				

Was the chlorine residual ever less than the required minimum residual of 0.722 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>Attach those results and submit them with this form.</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 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>	

Printed Name: Faithyn Callaway Title: Practice Manager Operator Certification #: _____
 Signature: [Signature] Phone #: (503) 762-3786 OR
 Date: 11/1/2023 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.