


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

System Name Eastgate Vet Clinic PWS ID# 41 
 Month/Year 10/1/2023 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 Flow meter readings
1	5:15	Bathroom SMK	0.9	014223
2		(1st entry to system)		
3	5-		1.0	014230 tank refilled
4				
5				
6	5:15	↓	1.2	014235
7	5-		1.4	014240
8	6:10		1.2	014243
9	8p		1.2	014247
10				
11				
12				
13	6p	↓	0.9	014260
14	6:30		1.0	014270
15	5:20		1.0	014276
16	5:20		1.2	014280
17				
18				
19				
20	6	↓	1.4	014297
21	6:30		1.2	014300
22	6:15		1.4	014306
23	6:45			
24				
25				
26				
27	6:20	↓	1.0	014326
28	6:15		1.2	014329
29	6:10		1.2	014334
30	6:45		1.4	014338
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>
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Printed Name: Kaitlyn Callaway Title: practice manager Operator Certification #: _____
 Signature: [Signature] Phone #: (511) 752-386 OR
 Date: 12/1/23 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.