

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

System Name

PWS ID# 41

Month/Year 12 / 2024 Entry Point:

Required Minimum Residual 0.8 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1		Client bathroom		
2				
3				
4	5:43		0.8	014352
5	6		1.0	014360
6	6		1.0	014363
7	5:21		0.8	014366
8				
9				
10				
11	5:15		1.4	014380
12	5:24		0.8	014386 - tank refilled
13	5:30		0.8	014391
14	5:45		1.4	014395
15				
16				
17				
18				
19	5		1.0	014414
20	6		1.4	014417
21	5:30		1.0	014420
22				
23	5:15		1.4	014428 014428
24				
25				
26	5:23		1.4	014433
27	5:20		1.0	014438
28	5:39		2.0	014442
29				
30	7		1.4	014447
31				

6cc Cl₂
10 gal/maker

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
 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: / /

Printed Name: Kaitlyn Callaway Title: practice manager
 Signature: [Signature] Phone #: ()
 Date: 12/31/23

Operator Certification #: _____
 OR
 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.