

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

System Name Eastgate Vet Clinic PWS ID# 41
 Month/Year 2/2024 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	5pm	Client Bathroom	1.4	014569
2	5:30pm		1.4	
3	6pm		1.4	
4	6pm		1.4	
5	6pm		1.0	014580
6	6pm		1.4	
7	6:30pm		1.4	
8	6pm		1.0	
9				
10				
11				
12	6:30pm		1.4	014603 tank drained
13	6pm		1.0	and refilled
14	5pm		1.4	loc cl- + 10gal
15	5pm		1.4	water
16				
17				
18				
19	6pm		1.4	014619
20	6:30pm		1.4	
21	6pm		1.4	
22	5pm		1.4	
23				
24				
25				
26	5pm		1.0	014640
27	6pm		1.4	
28	5pm		1.4	
29	5:30pm		1.4	
30				
31				

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.

<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 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 #: (541) 762-3786 OR
 Date: 4/15/24 Small Groundwater System

Return by 10th of following month by either email dlwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.