


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

System Name Eastgate vet

PWS ID# 41 

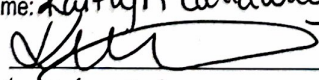
Month/Year 4 / 2024 Entry Point:

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	014770	
2		↓	1.6		
3			1.6		
4			1.6		
5					
6					
7					
8				1.4	014799
9				1.2	
10				1.4	
11				1.4	
12					
13					
14					
15				1.4	014827
16				1.6	
17				1.4	
18				1.4	
19					
20					
21					
22				1.4	014861
23				1.6	
24				1.4	
25				1.4	
26					
27					
28					
29				1.2	014894
30				1.4	Tank refilled 9c Cl-4
31				1.4	15 gallons water

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><i>Attach those results and submit them with this form.</i></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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: <u>Kaitlyn Callaway</u> Signature:  Date: <u>5/16/24</u>	Title: <u>practice manager</u> Phone #: <u>(541) 752-3786</u>	Operator Certification #: _____ OR Small Groundwater System <input type="checkbox"/>
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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.