

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

System Name Eastgate Vet

PWS ID# 41

Month/Year 6 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			
2					
3		↓	1.4		
4			1.4		
5			1.4		
6			1.2		
7	—				
8	—				
9	—				
10		↓	1.6		
11			1.4		
12			1.6		
13			1.6		
14	—				
15	—				
16	—				
17		↓	1.4		
18			1.4		
19			1.4		
20			1.4		
21	—				
22	—				
23	—				
24		↓	1.4		
25			1.4		
26			1.4		
27			1.4		
28	—				
29	—				
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>	

Printed Name: Keithyn Callaway Title: practice manager Operator Certification #: _____
 Signature: [Signature] Phone #: 541 752 3266 OR
 Date: 7/15/2024 Small Groundwater System

Return by 10th of following month by either email dwp.dmce@odhsoha.oregon.gov; fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.