

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

System Name

PWS ID# 41

Month/Year 7/2024 Entry Point:

Required Minimum Residual mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	5pm	Went Bathroom	1.2	
2			1.2	Tank refilled - 900L + 15 gal water
3			1.6	
4			1.4	
5	---			
6	---			
7	---			
8			1.6	
9			1.6	
10			1.4	
11			1.6	
12	---			
13	---			
14	---			
15			1.4	
16			1.4	
17			1.4	
18			1.6	
19	---			
20	---			
21	---			
22			1.4	
23			1.6	
24			1.6	
25			1.6	
26	---			
27	---			
28	---			
29			1.4	
30			1.4	
31			1.4	

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 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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<p>Printed Name: <u>Kathryn Callaway</u> Title: _____</p> <p>Signature: <u>[Signature]</u> Phone #: () _____</p> <p>Date: <u>8/13/2024</u></p>	<p>Operator Certification #: _____</p> <p align="center">OR</p> <p>Small Groundwater System <input type="checkbox"/></p>
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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.