

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

System Name **Westridge Subdivision**

PWS ID# **4 1 05998**

Month/Year **1 (Jan) 2021** Entry Point: **EP-A (EP for Well)**

Required Minimum Residual **0.4 mg/L**

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	10:30 am		.7	
2	11:00 "		.4	
3	11:00 "		.6	
4	9:00 "		.5	
5	10:00 "		.6	
6	8:20 "		.4	
7	9:00 "		.5	
8	8:30 "		.6	
9	1:00 pm		.5	
10	9:00 am		.7	
11	10:00 "		.6	
12	11:00 "		.6	
13	9:00 "		.4	
14	9:30 "		.6	
15	9:30 "		.5	
16	9:00 "		.4	
17	2:00 pm		.4	
18	10:00 am		.6	
19	11:00 "		.7	
20	9:30 "		.6	
21	8:30 "		.4	
22	8:30 "		.5	
23	10:00 "		.5	
24	11:00 "		.4	
25	8:30 "		.5	
26	9:15 "		.5	
27	10:30 "		.6	
28	11:00 "		.4	
29	8:30 "		.5	
30	9:00 "		.5	
31	8:00 "		.6	

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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Printed Name: **Wayne Looney** Title: **Operator (Westridge)** Operator Certification #: **4105998**
 Signature: *Wayne Looney* Phone #: **(503) 815-4478** OR
 Date: **1 / 1** Small Groundwater System

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