

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

System Name Westridge Subdivision

PWS ID# 4 1 05998

Month/Year 2 / 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	8:30 am	Well	.6	
2	9:00 "		.3	adj. of chlorinator ok by 11:00 am
3	9:00 "		.5	
4	8:30		.5	
5	9:00		.6	
6	8:00		.5	
7	1:00 pm		.5	
8	7:45 am		.4	
9	8:30 "		.6	
10	9:00 "		.6	
11	9:00 "		.5	
12	9:30		.4	
13	9:00		.5	
14	9:00		.6	
15	8:30		.4	
16	9:00		.6	
17	10:00		.6	
18	8:30		.4	
19	8:30		.4	
20	8:30		.5	
21	1:30 pm		.6	
22	8:30 am		.7	
23	8:30 "		.6	
24	8:30 "		.6	
25	8:00 "		.5	
26	8:30 "		.4	
27	8:30 "		.4	
28	1:00 pm		.6	
29				
30				
31				

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 Data Mgmt & Compliance
 Drinking Water Program

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? 2 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 <u>.5</u> mg/L as required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form. <u>returned to .5 within 2 hours M. Wayne Logney</u></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>Wayne Logney</u></p> <p>Signature: <u>Wayne Logney</u></p> <p>Date: <u>3 / 1 / 2021</u></p>	<p>Title: <u>System operator</u></p> <p>Phone #: <u>(541) 815-4478</u></p>	<p>Operator Certification #:</p> <p>OR</p> <p>Small Groundwater System <input checked="" type="checkbox"/></p>
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Return by 10th of following month by either email dlwp.dmce@dhsosha.state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.