

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

System Name **Westridge Subdivision**

PWS ID# **4 1 05998**

Month/Year **3 / 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	8:45am	Well	.6	
2	9:00 "		.6	
3	9:30		.5	
4	8:00		.4	
5	8:30		.5	
6	9:00		.5	
7	missed this day			
8	10:00		.4	
9	9:00		.5	
10	9:00		.5	
11	9:30		.6	
12	8:00		.4	
13	9:00		.5	
14	9:30		.6	
15	10:00		.7	
16	8:50		.7	adjusted chlor water down
17	9:00		.4	
18	8:30		.5	
19	9:00		.5	
20	9:30		.5	
21	8:30		.6	
22	9:00		.6	
23	8:30		.5	
24	9:00		.4	
25	9:00		.4	
26	8:30		.5	
27	9:00		.6	
28	8:30		.5	
29	10:00		.5	
30	9:00		.6	
31	9:30		.5	

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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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form. <i>returned to .4 within 2 hrs.</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>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: System operator	Operator Certification #:
Signature: <i>Wayne Looney</i>	Phone #: (541) 815-4478	OR
Date: 4 / 1 / 2021		Small Groundwater System <input checked="" type="checkbox"/>

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.