

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

System Name Westridge Subdivision

PWS ID# 4 1 05998

Month/Year *April*

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	9:00 am	Well	.4	
2	8:30		.6	
3	8:30		.7	
4	8:30		.6	
5	9:00		.6	
6	9:30		.7	
7	9:00		.7	
8	8:30		.6	
9	9:00		.7	
10	9:00		.7	
11	Missed day			
12	8:30		.6	
13	9:00		.5	
14	9:00		.4	
15	8:00		.7	
16	9:00		.6	
17	9:00		.6	
18	8:30		.5	
19	8:30		.5	
20	9:00		.6	
21	9:00		.5	
22	9:30		.6	
23	9:00		.5	
24	8:30		.6	
25	Missed day			
26	8:00		.6	
27	8:30		.7	
28	9:00		.5	
29	9:00		.6	
30	9:00		.5	
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? _____ 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 align="center">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: Westridge Water operator Operator Certification #: _____
Signature: Wayne Looney Phone #: (503) 815-4478 OR
Date: 5/16/2021 Small Groundwater System

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.