

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

System Name **Westridge Subdivision**

PWS ID# **4 1 05998**

Month/Year **May 1 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	8:00	Westridge Well	.6	
2	8:20	"	.7	
3	8:20	"	.6	
4	8:00	"	.6	
5	8:30	"	.7	
6	8:00	"	.7	
7	8:15	"	.8	adjusted chlorwater down
8	8:30	"	.5	
9	8:45	"	.5	
10	8:30	"	.5	
11	8:15	"	.6	
12	8:00	"	.5	
13	8:10	"	.4	
14	8:15	"	.3	raised chlorine injection
15	8:15	"	.5	
16	8:00	"	.6	
17	8:30	"	.6	
18	8:30	"	.5	
19	8:00	"	.6	
20	8:00	"	.6	
21	8:30	"	.7	
22	8:30	"	.7	
23	8:00	"	.7	
24	8:00	"	.7	
25	8:15	"	.6	
26	8:00	"	.6	
27	8:15	"	.7	
28	8:00	"	.6	
29	8:00	"	.5	
30	8:30	"	.5	
31				did not test holiday

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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>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: _____	Title: _____	Operator Certification #: _____
Signature: _____	Phone #: () _____	OR
Date: / /		Small Groundwater System <input type="checkbox"/>

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.