

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

System Name Westridge Subdivision PWS ID# 4 1 05998
 Month/Year / 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	8:15	"	.6	
3	8:00	"	.5	
4	8:30	"	.6	
5	8:30	"	.7	
6	8:30	"	.6	
7	8:00	"	.5	
8	8:00	"	.6	
9	8:15	"	.6	
10	8:30	"	.7	
11	8:00	"	.6	
12	8:00	"	.6	
13	8:15	"	.5	
14	8:15	"	.6	
15	8:30	"	.7	
16	8:00	"	.7	
17	9:00	"	.7	
18	9:00	"	.6	
19	9:00	"	.6	
20	8:00	"	.6	
21	8:00	"	.7	
22	8:30	"	.6	
23	8:15	"	.5	
24	8:15	"	.6	
25	8:30	"	.7	
26	8:30	"	.6	
27	8:00	"	.6	
28	8:00	"	.5	
29	8:30	"	.6	
30	9:00	"	.6	
31	9:00	"	.7	

RECEIVED
 AUG 04 2021
 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>
--	--	---

Printed Name: Wayne Looney Title: Westridge Water Officer Operator Certification #: _____
 Signature: Wayne Looney Phone #: (541) 815-4478 OR
 Date: 7/31/21 Small Groundwater System

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