

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

System Name **Westridge Subdivision**

PWS ID# **4 1 05998**

Month/Year **Dec 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	8:15	Westridge Well	.6	
2	8:30		.5	
3	8:00		.6	
4	8:15		.5	
5	10:00		.6	
6	8:00		.6	
7	8:00		.7	
8	8:30		.5	
9	8:30		.6	
10	9:00		.6	
11	8:30		.5	
12	10:00		.7	
13	8:00		.5	
14	8:00		.5	
15	8:15		.6	
16	8:30		.6	
17	8:00		.5	
18	8:00		.6	
19	10:15		.5	
20	8:30		.6	
21	8:30		.4	
22	8:00		.7	
23	8:30		.7	
24	8:30		.5	
25	8:00		.6	
26	9:00		.5	
27	10:00		.5	
28	8:30		.6	
29	8:15		.7	
30	8:00		.6	
31	8:30		.6	

RECEIVED
 JAN 07 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: <u>Wayne Leaney</u> Signature: <u>[Signature]</u> Date: <u>12/31/2021</u>	Title: <u>System Operator</u> Phone #: <u>(503) 815-4478</u>	Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/>
---	---	---

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