

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

System Name **Westridge Subdivision**

PWS ID# **4 1 05998**

Month/Year **Jan. / 2022** 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	8:30 am	Westridge Well	.6	
2	9:00		.6	
3	8:30		.5	
4	8:00		.6	
5	8:30		.5	
6	8:30		.4	
7	8:00		.6	
8	8:15		.5	
9	9:00		.6	
10	8:00		.6	
11	8:00		.6	
12	8:30		.5	
13	9:00		.4	
14	8:00		.6	
15	8:15		.6	
16	9:00		.5	
17	8:00		.4	
18	8:15		.6	
19	8:00		.6	
20	8:15		.5	
21	8:30		.6	
22	8:15		.4	
23	9:30		.5	
24	8:15		.5	
25	8:00		.6	
26	8:00		.6	
27	8:15		.5	
28	8:15		.4	
29	8:30		.4	
30	9:00		.6	
31	8:30		.5	

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FEB 04 2022

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: <u>Wayne Looney</u> Signature: <u>Wayne Looney</u> Date: <u>1 / 31 / 2022</u>	Title: <u>System Operator</u> Phone #: <u>(541) 815-4428</u>	Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/>
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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.