

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

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><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p><b>GWS Serving More Than 3,300</b></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: **Water Operator** Operator Certification #: \_\_\_\_\_  
 Signature: *Wayne Looney* Phone #: **(541) 815-4478** OR  
 Date: **4/1/22** Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dwp.dnce@dhsosha.state.or.us](mailto:dwp.dnce@dhsosha.state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.