

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

System Name **Westridge Subdivision** PWS ID# **41 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	8:00	"	.5	
3	9:30 ↓	↓	.5	
4	8:15		.6	
5	8:30		.5	
6	8:30		.5	
7	8:30		.6	
8	8:30		.5	
9	8:30		.4	
10	10:00 am		.5	
11	8:00		.6	
12	8:30		.6	
13	8:30		.5	
14	8:30		.6	
15	8:00		.6	
16	8:00		.5	
17	9:30		.5	
18	8:30		.4	
19	8:30		.6	
20	8:30		.6	
21	8:00		.5	
22	8:15		.6	
23	9:30		.6	
24	10:00		.5	
25	8:30		.4	
26	8:15		.5	
27	8:00		.6	
28	8:00		.5	
29	8:15		.6	
30	8:30		.6	
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 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>
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Printed Name: **Wayne Looney** Title: **Water Operator** Operator Certification #: _____
 Signature: *Wayne Looney* Phone #: **(541) 815-4478** OR
 Date: **5 / 7 / 22** Small Groundwater System

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