

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

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><i>Attach those results and submit them with this form.</i></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><i>Attach grab sample results and submit them with this form.</i></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 #: (501) 815-4478 OR
 Date: 6 / 2 / '22 Small Groundwater System

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