

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	Westridge Well	.5		
2	8:00		.6		
3	9:30		.5		
4	8:00		.5		
5	8:30		.4		
6	8:30		.6		
7	8:00		.7		
8	8:15		.6		
9	8:30		.4		
10	10:00		.5		
11	8:30		.4		
12	8:00		.6		
13	8:00		.7		
14	8:15		.6		
15	8:30		.6		
16	8:15		.5		
17	9:30		.5		
18	8:30		.6		
19	8:15		.6		
20	8:00		.7		
21	8:00		.7		
22	8:15		.6		
23	8:30		.5		
24	9:30		.5	<div style="font-size: 2em; color: blue; font-weight: bold; letter-spacing: 0.5em;">RECEIVED</div> <div style="color: red; font-weight: bold; margin-top: 5px;">AUG 08 2022</div> <div style="color: blue; font-weight: bold; margin-top: 5px;">Data Mgmt & Compliance Drinking Water Program</div>	
25	8:00		.6		
26	8:00		.6		
27	8:30		.7		
28	8:00		.7		
29	8:15		.6		
30	8:30		.4		
31	10:00		.5		

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>	Title: <u>Water Officer</u>	Operator Certification #: _____
Signature: <u>[Signature]</u>	Phone #: <u>(541) 815-4478</u>	OR
Date: <u>8/2/22</u>		Small Groundwater System <input checked="" type="checkbox"/>

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