

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 | 8:15 | Westridge Well | .6 | |
| 2 | 8:30 | | .5 | |
| 3 | 8:00 | | .6 | |
| 4 | 10:00 | | .5 | |
| 5 | 8:00 | | .6 | |
| 6 | 8:15 | | .6 | |
| 7 | 8:00 | | .5 | |
| 8 | 9:00 | | .5 | |
| 9 | 9:00 | | .6 | |
| 10 | 8:30 | | .6 | |
| 11 | 9:30 | | .7 | |
| 12 | 8:15 | | .6 | |
| 13 | 8:15 | | .6 | |
| 14 | 8:30 | | .5 | |
| 15 | 9:00 | | .5 | |
| 16 | 8:30 | | .6 | |
| 17 | 8:15 | | .6 | |
| 18 | 10:00 | | .7 | |
| 19 | 8:00 | | .5 | |
| 20 | 8:00 | | .5 | |
| 21 | 8:30 | | .6 | |
| 22 | 9:00 | | .6 | |
| 23 | 8:00 | | .5 | |
| 24 | 8:30 | | .5 | |
| 25 | 10:00 | | .6 | |
| 26 | 9:00 | | .6 | |
| 27 | 8:30 | | .7 | |
| 28 | 8:30 | | .5 | |
| 29 | 8:45 | | .5 | |
| 30 | 8:00 | | .6 | |
| 31 | | | | |

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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> |
|--|--|---|

| | | |
|--|---|---|
| Printed Name: <u>Wayne Looney</u> Signature: <u>[Signature]</u> Date: <u>10/1/22</u> | Title: <u>Water Officer</u> Phone #: <u>(541) 815-4478</u> | Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/> |
|--|---|---|

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.