

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

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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>
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Printed Name: Wayne Logney	Title: Water Officer	Operator Certification #:
Signature: <i>Wayne Logney</i>	Phone #: (541) 815-4478	OR
Date: 11/1		Small Groundwater System <input checked="" type="checkbox"/>

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