

Monthly Disinfection Report for Ground Water Systems

System Name Westridge Subdivision

PWS ID# 41 05908

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	.6	
2	8:30		.5	
3	8:30		.5	
4	8:00		.4	
5	8:15		.5	
6	10:30		.6	
7	8:00		.7	
8	8:00		.6	
9	8:30		.6	
10	9:00		.5	
11	8:30		.6	
12	8:00		.5	
13	10:30		.6	
14	8:00		.6	
15	8:20		.7	
16	8:30		.5	
17	8:45		.5	
18	9:00		.5	
19	8:30		.6	
20	10:15		.6	
21	8:00		.6	
22	8:00		.5	
23	8:30		.7	
24	8:30		.6	
25	8:00		.5	
26	8:30		.5	
27	10:30		.6	
28	8:00		.6	
29	8:00		.7	
30	8:30		.7	
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Data Mgmt & Compliance
Drinking Water Program

Was the chlorine residual ever less than the required minimum residue of _____ mg/L? Yes No
 If yes, what was the longest time period until the required level was restored? _____ hours - > 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>Date continuous monitoring equipment failed: _____</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>Date it was returned to service: _____</p> <p>Attach grab sample results and submit them with this form.</p>
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Printed Name: <u>Wayne Looney</u> Signature: <u>Wayne Looney</u> Date: <u>12 / 1 / 22</u>	Title: <u>Water Officer</u> Phone #: <u>(541) 815 4478</u>	Operator Certification #: _____ OR Small Groundwater System <input type="checkbox"/>
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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.