

Monthly Disinfection Report for Ground Water Systems

System Name **Westridge Subdivision**

PWS ID# **41 05998**

Month/Year **1 /**

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	10:00	Westridge Well	.4	
2	8:00		.5	Original send 1-3-23
3	8:30		.4	
4	8:30		.6	
5	8:45		.6	
6	7:30		.6	
7	7:30		.6	
8	10:15		.5	
9	8:00		.7	
10	8:00		.7	
11	8:30		.7	
12	8:15		.6	
13	8:15		.6	
14	7:30		.5	
15	10:00		.6	
16	8:00		.5	
17	8:00		.4	
18	8:30		.6	
19	8:30		.4	
20	8:30		.6	
21	8:15		.6	
22	10:00		.6	
23	8:00		.5	
24	8:00		.5	
25	8:30		.5	
26	8:30		.6	
27	8:15		.6	
28	8:30		.6	
29	10:15		.5	
30	8:30		.5	
31	8:00		.6	

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 - > 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: Wayne Looney	Title: Water Operator	Operator Certification #: _____
Signature: <i>Wayne Looney</i>	Phone #: (541) 815-4478	OR
Date: 1/3/23		Small Groundwater System <input checked="" type="checkbox"/>

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.