

# 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	10:30 am	Westridge - Well	.5	<div style="font-size: 2em; color: blue; font-weight: bold;">RECEIVED</div> <div style="color: red; font-weight: bold;">FEB 06 2023</div> <div style="color: blue; font-weight: bold;">Certification Drinking Water Services</div>
2	8:00		.5	
3	8:30		.6	
4	8:30		.7	
5	8:00		.6	
6	7:00		.5	
7	7:30		.6	
8	10:00		.7	
9	8:00		.7	
10	8:00		.6	
11	7:00		.7	
12	7:30		.7	
13	7:30		.6	
14	8:00		.6	
15	10:00		.7	
16	8:00		.6	
17	8:00		.6	
18	8:30		.5	
19	8:00		.5	
20	8:30		.6	
21	8:30		.6	
22	10:30		.6	
23	8:30		.7	
24	9:00		.7	
25	8:00		.7	
26	7:30		.6	
27	7:30		.7	
28	7:30		.6	
29	10:30		.7	
30	8:00		.7	
31	8:00		.6	

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><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>Attach those results and submit them with this form.</i></p>	<p><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No</p> <p>Date it was returned to service: _____</p> <p><i>Attach grab sample results and submit them with this form.</i></p>
--	---

Printed Name: Wayne Looney Title: Water Operator Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (541) 815-4478 OR  
 Date: 2 / 2 / 23 Small Groundwater System

Return by 10<sup>th</sup> of following month by either email \_\_\_\_\_; fax 971-673-0694;  
 or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.