

Monthly Disinfection Report for Ground Water Systems

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MAR 06 2023

System Name Westridge Subdivision

PWS ID# 41 05998

Month/Year Feb. 1 2023 Entry Point: EP-A (EP for Well)

Required Minimum Residual 0.1 mg/L

Certification Drinking Water Services

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Certification Drinking Water Services

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	8:30	Westridge Well	.7	
2	9:00		.8	
3	8:30		.6	
4	8:15		.6	
5	10:30		.7	
6	8:00		.5	
7	8:00		.6	
8	8:30		.6	
9	8:00		.7	
10	8:30		.6	
11	8:30		.6	
12	10:30		.7	
13	8:00		.6	
14	8:00		.5	
15	8:00		.5	
16	8:00		.6	
17	8:30		.6	
18	8:00		.6	
19	11:00		.7	
20	8:30		.6	
21	9:00		.7	
22	9:00		.7	
23	9:00		.6	
24	8:00		.6	
25	8:00		.6	
26	11:00		.7	
27	8:30		.6	
28	8:00		.6	
29				
30				
31				

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>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 Officer Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 915-4488 OR
 Date: 3 11 2023 Small Groundwater System

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