

Monthly Disinfection Report for Ground Water Systems

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APR 10 2023

System Name Westridge Subdivision PWS ID# 41 05998
 Month/Year / Entry Point: EP-A (EP for Well) Required Minimum Residual 0.4 mg/L
 Certification Drinking Water Services

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	8:15	am Well-(Westridge)	.7	
2	8:30		.6	
3	8:30		.5	
4	8:00		.6	
5	9:30		.6	
6	8:00		.5	
7	8:15		.6	
8	8:15		.7	
9	8:30		.8	
10	8:00		.5	
11	8:00		.6	
12	9:30		.7	
13	8:30		.6	
14	8:30		.7	
15	8:15		.7	
16	9:00		.6	
17	9:00		.7	
18	8:30		.6	
19	10:00		.6	
20	8:00		.5	
21	8:15		.6	
22	8:00		.7	
23	8:00		.8	
24	8:30		.7	
25	8:30		.7	
26	9:30		.5	
27	8:15		.6	
28	8:00		.6	
29	8:00		.7	
30	8:15		.7	
31	8:30		.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 -> [Oregon's 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 Looney Title: Water Officer Operator Certification #: _____
 Signature: [Signature] Phone: 541 815-4478 OR
 Date: 4 7 23 Small Groundwater System

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.