

**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

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JUN 13 2023

Certification
Drinking Water Services

System Name Westridge Subdivision PWS ID# 4 1 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	8:30	Westridge Well	.7	
2	8:00		.6	
3	8:00		.6	
4	10:30		.7	
5	8:00		.6	
6	8:30		.6	
7	8:30		.5	
8	9:00		.7	
9	8:00		.6	
10	8:30		.7	
11	10:00		.7	
12	8:00		.6	
13	8:00		.6	
14	7:45		.5	
15	7:30		.6	
16	8:00		.7	
17	8:00		.7	
18	11:00		.8	
19	8:30		.8	
20	8:30		.6	
21	8:00		.6	
22	8:00		.5	
23	9:00		.7	
24	8:30		.6	
25	11:00		.7	
26	8:00		.7	
27	8:30		.6	
28	8:45		.8	
29	8:30		.7	
30	8:30		.6	
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 <u> </u> 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 align="center">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>
	<p>Date continuous monitoring equipment failed: <u> </u> / <u> </u> / <u> </u></p> <p>Date it was returned to service: <u> </u> / <u> </u> / <u> </u></p>

Printed Name: Wayne Looney Title: Water Officer Operator Certification #:
 Signature: Wayne Looney Phone #: (541) 815-4478 OR
 Date: 6/2/23 Small Groundwater System

Return by 10th of following month by either email dlwp.dmce@dhsosha.state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.