

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

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

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>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: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: <u>Wayne Looney</u>	Title: <u>Water Officer</u>	Operator Certification #: _____
Signature: <u>[Signature]</u>	Phone #: <u>(541) 815-4478</u>	OR
Date: <u>7-16-23</u>		Small Groundwater System <input type="checkbox"/>

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