

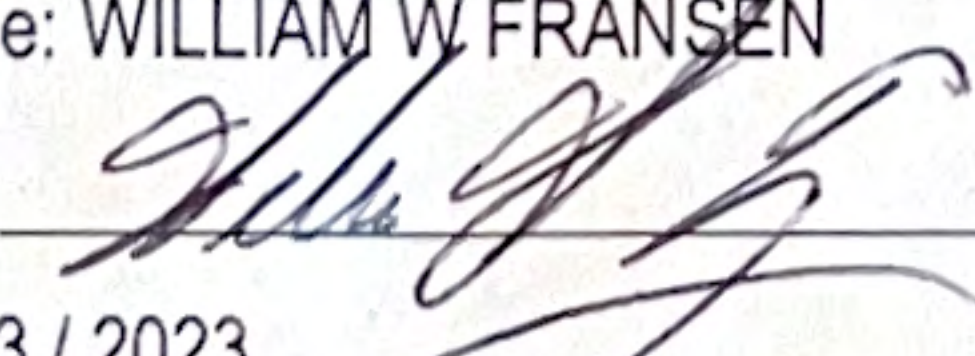
**State of Oregon Drinking Water Program  
Monthly Disinfection Report for Ground Water Systems**

System Name **Westridge Subdivision** PWS ID# **4 1 05998**  
 Month/Year **Sept / 2023** 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	0815		0.5	Emailed on 10/03/23
2	1:30 PM		0.4	
3	0800		0.4	
4	0900		0.6	
5	0815		0.6	
6	0930		0.8	
7	1100		0.7	
8	1230		0.6	
9	0945		0.6	
10	0745		0.6	
11	0900		0.6	
12	0900		0.7	
13	1120		0.5	
14	0700		0.5	
15	0815		0.4	
16	0900		0.4	
17	0720		0.6	
18	2:00 PM		0.7	
19	1:30 PM		0.8	
20	0745		0.5	
21	0800		0.7	
22	0800		0.5	
23	0700		0.6	
24	1000		0.4	
25	3:00 PM		0.6	
26	0600		0.8	
27	0820		0.7	
28	0800		0.7	
29	1100		0.5	
30	1100		0.4	
31	0600		0.5	

Was the chlorine residual ever less than the required minimum residual of 0.4 mg/L?  Yes  NoX  
 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><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 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 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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: WILLIAM W. FRANSEN Title: SWSO Operator Certification #: \_\_\_\_\_  
 Signature:  Phone #: (360) 951-2683 OR  
 Date: 10 / 03 / 2023 Small Groundwater System

**Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.**