

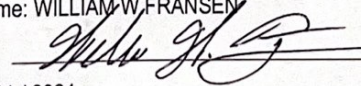
**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name Westridge Subdivision		PWS ID# 4 1 05998	
Month/Year June / 2024		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	1:00 PM		0.56	Emailed on 07/01/24
2	0715		0.74	
3	0645		0.67	
4	0645		0.50	
5	0700		0.55	
6	0645		1.12	
7	1:30 PM		0.90	
8	0900		0.67	
9	0645		0.48	
10	0645		0.78	
11	0645		0.65	
12	0900		0.83	
13	0600		0.65	
14	0700		0.48	
15	0730		0.88	
16	0800		1.1	
17	0845		0.63	
18	1:30 PM		0.70	
19	0700		0.78	
20	0645		0.51	
21	0645		0.56	
22	0530		0.49	
23	0730		0.49	
24	0645		0.57	
25	0645		0.67	
26	0800		0.55	
27	1:00 PM		1.08	
28	0645		0.78	
29	0645		0.83	
30	0645		0.71	
31				

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 nking 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><i>Attach those results and submit them with this form.</i></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><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>	

Printed Name: WILLIAM W. FRANSEN	Title: SWSO	Operator Certification #:
Signature: 	Phone #: (360) 951-2683	OR
Date: 07 /01 / 2024		Small Groundwater System <input type="checkbox"/>

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