

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

System Name Westridge Subdivision

PWS ID# 41 05998


Month/Year Aug / 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	0645		0.81	Emailed on 09/03/2024
2	0600		0.84	
3	0630		0.59	
4	0700		0.51	
5	0600		1.14	
6	0800		0.77	
7	0815		0.68	
8	0700		0.97	
9	0630		1.19	
10	0700		1.30	
11	0715		0.67	
12	2:00 PM		0.87	
13	0730		0.64	
14	0700		0.88	
15	0715		0.79	
16	0745		0.67	
17	0700		0.81	
18	0645		0.93	
19	1:30 PM		0.79	
20	0900		0.83	
21	0630		1.13	
22	0630		1.04	
23	0645		0.88	
24	0800		0.93	
25	0700		0.76	
26	0715		0.83	
27	0900		0.72	
28	1:15PM		0.98	
29	0630		0.68	
30	0630		0.73	
31	0645		0.89	

Was the chlorine residual ever less than the required minimum residual of 0.4 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><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>
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<p>Printed Name: WILLIAM W FRANSEN Title: SWSO</p> <p>Signature:  Phone #: (360) 951-2683</p> <p>Date: 09 / 03 / 2024</p>	<p>Operator Certification #: _____</p> <p>OR</p> <p>Small Groundwater System <input type="checkbox"/></p>
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Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.