

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

System Name Westridge Subdivision

PWS ID# 4 1 05998

Month/Year Nov / 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	0600		0.73	Emailed on 12/03/24
2	0645		0.68	
3	0700		0.73	
4	0615		0.66	
5	0615		0.81	
6	0730		0.92	
7	1:30 PM		0.72	
8	0600		0.55	
9	0630		0.52	
10	0630		0.87	
11	0715		0.92	
12	0615		0.69	
13	0700		0.85	
14	0800		0.94	
15	0815		1.10	
16	0700		0.55	
17	2:30 PM		0.83	
18	0600		1.01	
19	0630		0.89	
20	0745		0.76	
21	0615		0.86	
22	0750		0.59	
23	0830		0.52	
24	0600		0.48	
25	2:30 PM		0.77	
26	0800		0.79	
27	0815		0.68	
28	0700		0.81	
29	0700		1.28	
30	0615		0.99	
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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.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /


Date it was returned to service:

/ /

Printed Name: WILLIAM W FRANSEN

Title: SWSO

Operator Certification #:

Signature: 

Phone #: (360) 951-2683

OR

Date: 12 / 03 / 2024

Small Groundwater System ☐

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.

August 22, 2019