


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

System Name	Westridge Subdivision	PWS ID#	4 1 05998
Month/Year	Jan / 2025	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		0.54	Emailed on 02/03/25
2	0600		0.66	
3	0600		0.50	
4	0700		0.91	
5	0615		0.78	
6	0715		0.92	
7	0715		1.10	
8	0900		0.92	
9	0800		0.94	
10	0800		1.06	
11	0600		0.86	
12	0615		0.68	
13	0700		0.77	
14	0600		0.83	
15	0615		0.72	
16	1:30 PM		0.67	
17	0615		0.54	
18	0615		0.81	
19	0600		1.01	
20	0630		0.67	
21	0715		0.61	
22	0715		0.48	
23	0715		0.91	
24	0600		0.96	
25	1100		0.68	
26	0830		0.61	
27	0800		0.51	
28	0600		0.56	
29	0600		0.67	
30	0700		0.53	
31	0745		0.59	

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>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> <div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> <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> </div> <div style="width: 30%;"> <p>Date continuous monitoring equipment failed: _____/_____/_____</p> <p>Date it was returned to service: _____/_____/_____</p> </div> </div>
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Printed Name: WILLIAM W FRANSEN Signature:  Date: 02 / 03 / 2025	Title: SWSO Phone #: (360) 951-2683	Operator Certification #: OR Small Groundwater System <input type="checkbox"/>
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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.