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

System Name Westridge Subdivision PW					S ID# 4 1 05998		
Month/Y	ear Mar	2025 Entry Poin	t: EP-A (EP for we	ell) Requ	ired Minimum F	Residual 0.4 mg/L	
Date	Time	Source(s) in	Lowest free chlorine residual at entry point to distribution system (mg/L)		Notes		
1	0615		0.76		Emailed on 0	3/31/25	
2	0600		0.58				
3	0600		0.54				
4	0645		0.76				
5	0615		0.70				
6	0700		0.56				
7	0700		0.57				
8	0630		0.79				
9	0615		0.83				
10	0815		0.91				
11	0615		0.67				
12	0615		0.68				
13	0700		0.61				
14	0645		0.72				
15	0615		0.85	5			
16	0615		0.8				
17	0600		0.50	)			
18	0645		0.67	7			
19	0900		0.54	1			
20	0900		0.49	9			
21	2:00 PM		0.5				
22	0715		0.6				
23	0630		0.83				
24	0630		0.9				
25	0730		0.5				
26	0630		0.6				
27	0600		0.5				
28	0715		0.5				
29	0615		0.7				
30	1:30 PM		0.8				
31	0645						
If yes.	what was the	esidual ever less than the longest time period untilext business day.	required minimum res the required level was	idual of 0.4 mg/L?  Ys restored? hours	The second secon	ng Water Program to be	
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300							
If yes,		itor every four hours	Did continuous monitoring equipment fail at any time this reporting month?   Yes  No			Date continuous monitoring equipment failed:	
as required? Yes No  Attach those results and submit them with this form.			If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as			Date it was returned to	
			required? Yes No  Attach grab sample results and submit them with this form.		service:		
Printed Name: WILLIAM W FRANSEN  Operator Certification #:						r Certification #:	
	Signature:						
Date: 03 / 31 / 2025							

Return by 10<sup>th</sup> of following month by either email <a href="dwp.dmce@state.or.us">dwp.dmce@state.or.us</a>; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.