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

Month/Year April / 2025 Entry Point: EP-A (EP for well) Required Minimum Residual 0.4 mg/L	System Name Westridge Subdivision PWS ID# 4 1 05998							
Date Time Source(s) in use residual at entry point to distribution system (mg/L)	Month/Year April / 2025 Entry Point: EP-A (EP for well) Required Minimum Residual 0.4 mg/L							
1 0615	Date	Time	Source(s) in	residual at entry point to		Notes		
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Signature:			4 - 19 - 7A - 35	Attach grab sample results and submit them with this form.		1 1		
	Printed Name: WILLIAM FRANSEN Title: SWSO					Operator Certification #:		
Date: 04 / 30 / 2025 Small Groundwater System	Signature	: 11	11/11	Ph	one #: (360) 951-2683		OR	
	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.