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

System	Name	Westridge Subdivision			PWS	SID# 41	05998
Month/	Year June	e / 2025 Entry Poi	nt: EP-A (El	P for well)	Requ	ired Minimun	n 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	0615			0.58		Emailed or	07/12/25
2	0615			0.67			
3	0600			0.68			
4	0600			0.82			
5	0600			0.90			
6	0600			0.86			
7	0615			0.81			
8	0630			0.93			
9	0630			0.87			
10	0700			0.71			
11	0730			0.59			
12	0730			0.67			
13	0700			0.77			
14	0600			0.97			
15	0600			1.07			
16	0645			0.57			
17	0600			0.67			
18	0615			0.89			
19	0615			0.85			
20	0700			0.98			
21	0715			0.93			
22	0615			1.11			
23	0600			0.86			
24	0645			0.70			
25	0645			0.65			
26	0645			0.65			
27	0800			0.87			
28	0600			0.93			
29	0615			0.66			
30	0700			0.83			
31							
Was the chlorine residual ever less than the required minimum residual of 0.4 mg/L? Yes x x NoX							
		e longest time period unti ext business day.	I the required le	vel was restored?	hours -	If > 4 hoursnki	ng Water Program to be
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300							
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.			Did continuous monitoring equipment fail at any time this reporting month? Yes No			time this	Date continuous monitoring equipment failed:
			If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No			Date it was returned to service:	
Attach grab sample results and submit them with this form.							1 1
Printed Name: WILLIAM W FRANSEN Title: SWSO Operator Certification #:							r Certification #:
0111111							
01000						OR	
Date: 07 / 12 / 2025 Small Groundwater System L							roundwater 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.