State of Oregon Drinking Water Program

# Monthly Disinfection Report for Ground Water Systems

System Name Westridge Subdivision PWS ID# 4 1 05998

Month/Year Aug / 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 | | 0.76 | Emailed on 09/04/25 |
| 2 | 0600 | | 0.68 | |
| 3 | 0630 | | 0.87 | |
| 4 | 0630 | | 0.84 | |
| 5 | 0630 | | 0.65 | |
| 6 | 0600 | | 0.58 | |
| 7 | 0700 | | 0.81 | |
| 8 | 0700 | | 0.89 | |
| 9 | 0700 | | 1.03 | |
| 10 | 0700 | | 0.95 | |
| 11 | 0600 | | 0.90 | |
| 12 | 0730 | | 0.87 | |
| 13 | 0600 | | 0.71 | |
| 14 | 0600 | | 0.56 | |
| 15 | 0600 | | 0.66 | |
| 16 | 0700 | | 0.83 | |
| 17 | 0700 | | 1.07 | |
| 18 | 0630 | | 0.64 | |
| 19 | 0630 | | 0.89 | |
| 20 | 0700 | | 0.89 | |
| 21 | 0630 | | 0.67 | |
| 22 | 0600 | | 0.58 | |
| 23 | 0600 | | 0.54 | |
| 24 | 0645 | | 0.79 | |
| 25 | 0600 | | 0.87 | |
| 26 | 0630 | | 0.79 | |
| 27 | 0700 | | 0.77 | |
| 28 | 0700 | | 0.82 | |
| 29 | 0700 | | 0.93 | |
| 30 | 0730 | | 0.70 | |
| 31 | 0700 | | 0.61 | |

Was the chlorine residual ever less than the required minimum residual of 0.4 mg/L? ☐ Yes x[X]x NoX

If yes, what was the longest time period until the required level was restored? hours – If > 4 hoursnking 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

Signature: Phone #: (360) 951-2683

Date: 09 / 04/ 2025

Operator Certification #:

OR

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.***