

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

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|--------------------------------------|------------------------------------|---------------------------------------|--|
| System Name Westridge Subdivision | | PWS ID# 4 1 05998 | |
| Month/Year Nov / 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 | | 0.83 | Emailed on 12/03/25 |
| 2 | 0615 | | 0.77 | |
| 3 | 0615 | | 0.68 | |
| 4 | 0600 | | 0.58 | |
| 5 | 0630 | | 0.79 | |
| 6 | 0600 | | 0.64 | |
| 7 | 0630 | | 0.71 | |
| 8 | 0615 | | 0.89 | |
| 9 | 0615 | | 0.93 | |
| 10 | 0615 | | 0.61 | |
| 11 | 0615 | | 0.53 | |
| 12 | 0600 | | 0.68 | |
| 13 | 0600 | | 0.63 | |
| 14 | 0700 | | 0.68 | |
| 15 | 0700 | | 0.77 | |
| 16 | 0600 | | 0.87 | |
| 17 | 0615 | | 0.94 | |
| 18 | 0615 | | 0.88 | |
| 19 | 0615 | | 1.04 | |
| 20 | 0630 | | 1.08 | |
| 21 | 0630 | | 0.89 | |
| 22 | 0600 | | 0.81 | |
| 23 | 0800 | | 0.65 | |
| 24 | 0615 | | 0.59 | |
| 25 | 0615 | | 0.49 | |
| 26 | 0700 | | 0.53 | |
| 27 | 0630 | | 0.72 | |
| 28 | 0700 | | 0.78 | |
| 29 | 0615 | | 0.83 | |
| 30 | 0730 | | 0.66 | |
| 31 | | | | |

Was the chlorine residual ever less than the required minimum residual of 0.4 mg/L? ☐ Yes ☒ No

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.

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| <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 style="text-align: center;">/ /</p> <p>Date it was returned to service:</p> <p style="text-align: center;">/ /</p> </div> </div> |
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Return by 10th of following month by either email dlwp.dmce@state.or.us; fax 971-673-0694;
or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.