

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

System Name **Oney's Restaurant/Lounge**

PWS ID# **41 94013**



Month/Year **Mar/2023** Entry Point: **A - Interim (modified)**

Required Minimum Residual **0.2 mg/L**

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	12:30pm	Restaurant Bathroom Faucet	0.3 mg/L	
2	11:30am	Restaurant Bathroom Faucet	0.3 mg/L	
3	1:30pm	Restaurant Bathroom Faucet	0.3 mg/L	
4	10:30am	Restaurant Bathroom Faucet	0.2 mg/L	
5	12:30pm	Restaurant Bathroom Faucet	0.2 mg/L	Added more chlorine to rese
6	4:30pm	Restaurant Bathroom Faucet	0.2 mg/L	
7	12:30pm	Restaurant Bathroom Faucet	0.3 mg/L	
8	10:30am	Restaurant Bathroom Faucet	0.3 mg/L	
9	10:30am	Restaurant Bathroom Faucet	0.3 mg/L	
10	9:30am	Restaurant Bathroom Faucet	0.4 mg/L	
11	11:30am	Restaurant Bathroom Faucet	0.4 mg/L	
12	10:30am	Restaurant Bathroom Faucet	0.4 mg/L	
13	9:30am	Restaurant Bathroom Faucet	0.2 mg/L	
14	9:30am	Restaurant Bathroom Faucet	0.2 mg/L	
15	11:30am	Restaurant Bathroom Faucet	0.2 mg/L	
16	5:15pm	Restaurant Bathroom Faucet	0.2 mg/L	
17	3:30pm	Restaurant Bathroom Faucet	0.4 mg/L	Added more chlorine to reserv
18	11:30	Restaurant Bathroom Faucet	0.4 mg/L	
19	12:40pm	Restaurant Bathroom Faucet	0.4 mg/L	
20	3:30pm	Restaurant Bathroom Faucet	0.4 mg/L	
21	4:15pm	Restaurant Bathroom Faucet	0.4 mg/L	
22	2:20pm	Restaurant Bathroom Faucet	0.4 mg/L	
23	5:50pm	Restaurant Bathroom Faucet	0.4 mg/L	
24	5:45pm	Restaurant Bathroom Faucet	0.4 mg/L	
25	5:50pm	Restaurant Bathroom Faucet	0.4 mg/L	
26	6:40pm	Restaurant Bathroom faucet	0.4 mg/L	
27	7:06pm	Restaurant Bathroom faucet	0.4 mg/L	
28	6:02pm	Restaurant Bathroom faucet	0.4 mg/L	
29	5:45pm	Restaurant Bathroom faucet	0.4 mg/L	
30	4:45pm	Restaurant Bathroom faucet	0.4 mg/L	
31	5:20pm	Restaurant Bathroom faucet	0.4 mg/L	

Was the chlorine residual ever less than the required minimum residual of 0.2 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.

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: **Erin Soethe**
 Signature: *Erin Soethe*
 Date: **04/10/2023**

Title: **owner of AMSEDS Properties LLC**
 Phone #: **(253) 861-3732**

Operator Certification #: _____
 OR
 Small Groundwater System