

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

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

PWS ID# **4 1 94013**



Month/Year **April 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	11:30am	Restroom Faucet	0.4 mg/L	
2	4:30pm	Restroom Faucet	0.4 mg/L	
3	3:15pm	Restroom Faucet	0.4 mg/L	
4	6:02pm	Restroom Faucet	0.3 mg/L	
5	2:15pm	Restroom Faucet	0.3 mg/L	
6	1:15pm	Restroom Faucet	0.3 mg/L	
7	1:45pm	Restroom Faucet	0.4 mg/L	
8	4:45pm	Restroom Faucet	0.4 mg/L	
9	2:15pm	Restroom Faucet	0.4 mg/L	
10	3:30pm	Restroom Faucet	0.3 mg/L	
11	7:05pm	Restroom Faucet	0.3 mg/L	
12	8:45pm	Restroom Faucet	0.3 mg/L	
13	6:45pm	Restroom Faucet	0.3 mg/L	
14	7:30pm	Restroom Faucet	0.4 mg/L	
15	8:30pm	Kitchen Faucet	0.4 mg/L	
16	8:15pm	Kitchen Faucet	0.4 mg/L	
17	9:00pm	Kitchen Faucet	0.4 mg/L	
18	7:45pm	Bathroom Faucet	0.3 mg/L	
19	8:15pm	Bathroom Faucet	0.3 mg/L	
20	8:30pm	Bathroom Faucet	0.4 mg/L	
21	8:00am	Kitchen Faucet	0.5 mg/L	
22	7:15am	Restroom faucet	0.5 mg/L	
23	6:45am	Restroom Faucet	0.3 mg/L	
24	3:30pm	Restroom Faucet	0.3 mg/L	
25	4:15pm	Restroom Faucet	0.3 mg/L	
26	2:25pm	Restroom Faucet	0.3 mg/L	
27	6:15pm	Restroom Faucet	0.4 mg/L	
28	7:20pm	Restroom Faucet	0.4 mg/L	
29	8:30pm	Restroom Faucet	0.4 mg/L	
30	7:15pm	Restaurant Restroom Faucet	0.4 mg/L	
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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.

<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>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" 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>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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<p>Printed Name: <u>Erin Soethe</u></p> <p>Signature: <u>Erin Soethe</u></p> <p>Date: <u>05/03/2023</u></p>	<p>Title: <u>Owner</u></p> <p>Phone #: <u>(253) 861-3732</u></p>	<p>Operator Certification #: _____</p> <p>OR</p> <p>Small Groundwater System <input checked="" type="checkbox"/></p>
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Return by 10th of following month by either email dwp.dmce@odhsoha.oregon.gov; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.