

Monthly Disinfection Report for Ground Water Systems

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

PWS ID# **4 1 94013**



Month/Year **02 / 2024** 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	9:30am	Restaurant Bathroom Sink	0.2	Added Chlorine to Reservoir
2	9:30am	Restaurant Bathroom Sink	0.4	
3	9:30am	Restaurant Bathroom Sink	0.4	
4	9:30am	Restaurant Bathroom Sink	0.4	
5	11:00am	Restaurant Bathroom Sink	0.4	
6	9:30am	Restaurant Bathroom Sink	0.4	
7	9:30am	Restaurant Bathroom Sink	0.4	
8	9:30am	"	0.4	
9	9:30am	"	0.3	
10	10am	"	0.3	
11	10am	"	0.3	
12	10am	"	0.2	Added Chlorine to Reservoir
13	9:30am	"	0.8	
14	9:30am	"	0.8	
15	9:30am	"	0.8	
16	9:30am	"	0.8	
17	9:30am	"	0.8	
18	9:30am	"	0.8	
19	9:30am	"	0.7	
20	9:30am	"	0.7	
21	9:30am	"	0.6	
22	9:30am	"	0.6	
23	9:30am	"	0.6	
24	9:30am	"	0.4	
25	9:30am	"	0.4	
26	9:30am	"	0.4	
27	9:30am	"	0.4	
28	9:30am	"	0.4	
29	9:30am	"	0.4	
30				
31				

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><i>Attach those results and submit them with this form.</i></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 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>	<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>03/08/2024</u></p>	<p>Title: <u>Owner AmSed's Properties LLC</u></p> <p>Phone #: ()</p>	<p>Operator Certification #: _____</p> <p align="center">OR</p> <p>Small Groundwater System <input 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.