

**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 **04 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	Oney's Restaurant Sink Faucet	0.4	
2	10am	Restaurant Sink Faucet	0.4	
3	11am	Restroom Sink Faucet	0.3	
4	9:30am	Restroom Sink Faucet	0.3	
5	9:30am	Restroom Sink Faucet	0.2	Added Chlorine to Reservoir
6	9:30am	Restaurant Bathroom Sink Faucet	1.4	
7	9:30am	Restaurant Bathroom Sink Faucet	1.4	
8	9:30am	Restaurant Bathroom Sink Faucet	1.4	
9	9:30am	Restaurant Bathroom Sink Faucet	1.2	
10	9:30am	Restaurant Bathroom Sink Faucet	1.2	
11	9:30am	Restaurant Bathroom Sink Faucet	1.2	
12	11am	Restaurant Bathroom Sink Faucet	1.0	
13	9:30am	Restaurant Bathroom Sink Faucet	0.9	
14	9:30am	Restaurant Bathroom Sink Faucet	0.9	
15	9:30am	Restaurant Bathroom Sink Faucet	0.9	
16	9:30am	Restaurant Bathroom Sink Faucet	0.9	
17	9:30am	Restaurant Bathroom Sink Faucet	0.8	
18	9:30am	Restaurant Bathroom Sink Faucet	0.8	
19	12:00pm	Restaurant Bathroom Sink Faucet	0.6	
20	2:00 pm	Restaurant Bathroom Sink Faucet	0.6	
21	11:30am	Restaurant Bathroom Sink Faucet	0.6	
22	11:30am	Restaurant Bathroom Sink Faucet	0.6	
23	9:30 am	Restaurant Bathroom Sink Faucet	0.6	
24	9:30am	Restaurant Bathroom Sink Faucet	0.6	
25	9:30am	Restaurant Bathroom Sink Faucet	0.5	
26	10 am	Restaurant Bathroom Sink Faucet	0.5	
27	9:30am	Restaurant Bathroom Sink Faucet	0.4	Added more Chlorine
28	9:30am	Restaurant Bathroom Sink Faucet	1.2	
29	9:30am	Restaurant Bathroom Sink Faucet	1.2	
30	9:30am	Restaurant Bathroom Sink Faucet	1.2	
31	9:30am	Restaurant Bathroom Sink Faucet	1.0	

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 - ~~it~~ > 4 hours. Drinking Water Program to be notified by end of next business day.

GWS Serving 3,300 or Fewer	GWS Serving More Than 3,300	
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 Attach those results and submit them with this form.	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 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: <i>Erin Soethe</i> Date: 05/02/24	Title: Owner Amsted Properties, LLC Phone #: () 253-861-3732	Operator Certification #: _____ OR Small Groundwater System <input type="checkbox"/>
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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.