

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

PWS ID# **4 1 94013**



Month/Year **06/2024** 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	0.9	
2	10am	Restaurant Bathroom Sink	0.9	
3	9:30am	Restaurant Bathroom Sink	0.8	
4	9:30am	" "	0.8	
5	9:30am	" "	0.8	
6	9:30am	" "	0.7	
7	9:30am	" "	0.7	
8	9:30am	" "	0.7	
9	9:30am	" "	0.7	
10	9:30am	" "	0.6	
11	9:30am	" "	0.6	
12	9:30am	" "	0.5	
13	11am	" "	0.5	
14	9:30am	" "	0.5	
15	9:30am	" "	0.4	
16	9:30am	" "	0.4	
17	9:30am	" "	0.4	
18	9:30am	" "	0.3	Added Chlorine to Reservoir
19	9:30am	" "	1.2	
20	9:30am	" "	1.2	
21	9:30am	" "	1.2	
22	10am	" "	1.2	
23	11:30am	" "	0.9	
24	10am	" "	0.9	
25	10am	" "	0.9	
26	9:30am	" "	0.8	
27	9:30am	" "	0.6	
28	9:30am	" "	0.6	
29	9:30am	" "	0.4	
30	9:30am	Restaurant Bathroom Sink	0.4	
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>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 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>
--	--	---

Printed Name: Erin S. O'Neil Title: Owner/Manager Operator Certification #: _____
 Signature: [Signature] Phone #: 503 861-3732 OR
 Date: 07/09/2024 Small Groundwater System

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.