

**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 **07/24** 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	9:30am	Restaurant Bathroom Sink	0.8	
3	9:30am	Restaurant Bathroom Sink	0.5	
4	9:30am	Restaurant Bathroom Sink	0.5	
5	9:30am	Restaurant Bathroom Sink	0.3	added Bleach/Chlorine to Reservoir
6	9:30am	Restaurant Bathroom Sink	1.4	
7	9:30am	Restaurant Bathroom Sink	1.4	
8	9:30am	Restaurant Bathroom Sink	0.9	
9	9:30am	Restaurant Bathroom Sink	0.9	
10	9:30am	Restaurant Bathroom Sink	0.8	
11	9:30am	Restaurant Bathroom Sink	0.7	
12	9:30am	Restaurant Bathroom Sink	0.7	
13	9:30am	Restaurant Bathroom Sink	0.7	
14	9:30am	Restaurant Bathroom Sink	0.7	
15	9:30am	Restaurant Bathroom Sink	0.7	
16	9:30am	Restaurant Bathroom Sink	0.7	
17	9:30am	Restaurant Bathroom Sink	0.6	
18	9:30am	Restaurant Bathroom Sink	0.5	
19	9:30am	Restaurant Bathroom Sink	0.5	
20	9:30am	Restaurant Bathroom Sink	0.5	
21	9:30am	Restaurant Bathroom Sink	0.5	
22	9:30am	Restaurant Bathroom Sink	0.5	
23	9:30am	Restaurant Bathroom Sink	0.5	
24	9:30am	Restaurant Bathroom Sink	0.5	
25	9:30am	Restaurant Bathroom Sink	0.5	
26	9:30am	Restaurant Bathroom Sink	0.5	
27	9:30am	Restaurant Bathroom Sink	0.4	
28	9:30am	Restaurant Bathroom Sink	0.4	
29	9:30am	Restaurant Bathroom Sink	0.4	
30	9:30am	Restaurant Bathroom Sink	0.4	
31	9:30am	Restaurant Bathroom Sink	0.4	

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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Printed Name: _____	Title: <u>Owner/Manager</u>	Operator Certification #: _____
Signature: <u>En Doctre</u>	Phone #: <u>(252) 861-3732</u>	OR
Date: <u>0809/24</u>		Small Groundwater System <input type="checkbox"/>

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.