

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

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

PWS ID# **41 94013**



Month/Year **09 124** 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 Restroom Sink	0.3	
2	10am	Restaurant Restroom Sink	0.3	
3	10am	Restaurant Restroom Sink	0.3	
4	10am	Restaurant Restroom Sink	0.2	
5	9:30am	Restaurant Restroom Sink	0.2	
6	11:30am	Restaurant Restroom Sink	0.2	
7	11:30am	Restaurant Restroom Sink	0.2	
8	9:30am	Restaurant Restroom Sink	0.2	
9	10:30am	Restaurant Restroom Sink	0.2	
10	10am	Restaurant Restroom Sink	0.2	Add Chlorine to Reservoir
11	10am	Restaurant Restroom Sink	1.0	
12	10am	Restaurant Restroom Sink	1.0	
13	11:30am	Restaurant Restroom Sink	1.0	
14	11:30am	Restaurant Restroom Sink	1.0	
15	12 pm	Restaurant Restroom Sink	1.0	
16	12 pm	Restaurant Restroom Sink	0.9	
17	12 pm	Restaurant Restroom Sink	0.9	
18	12 pm	Restaurant Restroom Sink	0.9	
19	12 pm	Restaurant Restroom Sink	0.9	
20	12 pm	Restaurant Restroom Sink	0.9	
21	12 pm	Restaurant Restroom Sink	0.6	
22	12 pm	Restaurant Restroom Sink	0.6	
23	11:30am	Restaurant Restroom Sink	0.6	
24	11:30am	Restaurant Restroom Sink	0.6	
25	11:30am	Restaurant Restroom Sink	0.6	
26	11:30am	Restaurant Restroom Sink	0.4	
27	11:30am	Restaurant Restroom Sink	0.4	
28	11:30am	Restaurant Restroom Sink	0.4	
29	11:30am	Restaurant Restroom Sink	0.4	
30	11:30am	Restaurant Restroom Sink	0.3	
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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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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>
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Printed Name: <u>Erin Soethe</u> Signature: <u>[Signature]</u> Date: <u>10 10 124</u>	Title: <u>Owner</u> <u>Amseps Properties LLC</u> Phone #: <u>(253) 861-3732</u>	Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/>
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