

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

System Name Oney's Restaurant/Lounge

PWS ID# 4190413

Month/Year 12/2024 Entry Point:

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 Restroom Faucet	.9	
2	9:30am	Oney's Restroom Faucet	.9	
3	9:30am	" "	.8	
4	9:30am	" "	.8	
5	9:30am	" "	.8	
6	9:30am	" "	.7	
7	10am	" "	.7	
8	10am	" "	.7	
9	10am	" "	.7	
10	9:30am	" "	.5	
11	9:30am	" "	.5	
12	9:30am	" "	.5	
13	9:30am	" "	.5	
14	9:30am	" "	.4	
15	11am	" "	.4	
16	9:30am	" "	.4	
17	9:30am	" "	.3	
18	9:30am	" "	.3	
19	9:30am	" "	.2	Added Chlorine to Reservoir
20	12pm	" "	1.0	
21	9:30am	" "	1.0	
22	9:30am	" "	1.0	
23	9:30am	" "	1.0	
24	9:30am	" "	.9	
25	9:30am	" "	.9	
26	11am	" "	.9	
27	9:30am	" "	.8	
28	9:30am	" "	.8	
29	9:30am	" "	.7	
30	9:30am	Oney's Restroom Faucet	.7	
31	9:30am	Oney's Restroom Faucet	.7	

Was the chlorine residual ever less than the required minimum residual of _____ 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 Soetho Title: owner of Amseeds Properties LLC Operator Certification #: _____
 Signature: [Signature] Phone #: (253)861-3932 OR
 Date: 01/10/2025 Small Groundwater System

Return by 10th of following month by either email dwp.dmce@odhsoha.oregon.gov; fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.