

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

System Name Oney's Restaurant/Lounge

PWS ID# 4190413

Month/Year 01/25 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	0.7	
2	9:30am	Oney's Restroom Faucet	0.6	
3	9:30am	" "	0.6	
4	9:30am	" "	0.5	
5	10am	" "	0.5	
6	10am	" "	0.5	
7	11am	" "	0.5	
8	11am	" "	0.5	
9	11am	" "	0.4	Added Chlorine to Reservoir
10	11am	" "	1.0	
11	11am	" "	1.0	
12	9am	" "	1.0	
13	9am	" "	0.9	
14	9:30am	" "	0.9	
15	9:30am	" "	0.9	
16	9:30am	" "	0.9	
17	9:30am	" "	0.9	
18	9:30am	" "	0.8	
19	9:30am	" "	0.7	
20	9:30am	" "	0.7	
21	11am	" "	0.7	
22	11am	" "	0.6	
23	11am	" "	0.6	
24	12pm	" "	0.6	
25	12pm	" "	0.6	
26	9:30am	" "	0.5	
27	9:30am	" "	0.5	
28	9:30am	" "	0.5	
29	11am	" "	0.5	
30	11am	Oney's Restaurant Lounge	0.5	
31	11am	Oney's Restaurant Lounge	0.4	

Was the chlorine residual ever less than the required minimum residual of
If yes, what was the longest time period until the required level was restored?
notified by end of next business day.

mg/L? ☐ Yes ☒ No
hours - If > 4 hours, Drinking Water Program to be

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ 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: Erin Soethe

Date: 02/08/2025

Title: Owner of Amseps Properties LLC
Phone #: (253) 861-3732

Operator Certification #:

OR

Small Groundwater System ☒

Return by 10th of following month by either email dwn.dmp@odhpn.org