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: 02 25 — 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	10:30am	Restaurant Restroom Sink	0.9	
2	9 am	" "	0.9	
3	9 am	" "	0.8	
4	10:30am	" "	0.7	
5	11 am	" "	0.7	
6	10:30am	" "	0.7	
7	9:30am	" "	0.6	
8	9 am	" "	0.5	
9	9 am	" "	0.5	
10	9 am	" "	0.5	
11	10 am	" "	0.4	
12	10 am	" "	0.4	
13	11 am	" "	1.0	Added Water to Reservoir
14	12 pm	" "	1.0	
15	9:30am	" "	1.0	
16	3:30pm	" "	0.9	
17	9:30am	" "	0.9	
18	9:30am	" "	0.9	
19	10 am	" "	0.9	
20	11 am	" "	0.9	
21	12 pm	" "	0.9	
22	11 am	" "	0.8	
23	11 am	" "	0.8	
24	9 am	" "	0.8	
25	10 am	" "	0.8	
26	10:30am	" "	0.8	
27	11 am	" "	0.7	
28	12 pm	" "	0.7	
29	12 pm	" "	0.6	
30	3 pm	" "	0.6	
31	2 pm	Restaurant Restroom Sink	0.6	

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.

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 Soeine

Signature: Erin Soeine

Title: Owner Ansells Properties LLC

Phone #: (253) 861-3737

Operator Certification #:

OR