

**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 **03/25** 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	9:30am	Restaurant Restroom Sink	1.1	
2	10am	Restaurant Restroom Sink	1.1	
3	9:30am	" "	1.1	
4	9:30am	" "	.9	
5	9:30am	" "	.9	
6	9:30am	" "	.9	
7	9:30am	" "	.8	
8	9:30am	" "	.8	
9	9:30am	" "	.8	
10	9:30am	" "	.8	
11	11am	" "	.7	
12	9:30am	" "	.7	
13	9:30am	" "	.7	
14	11am	" "	.5	
15	10:00am	" "	.5	
16	9:30am	" "	.5	
17	9:30am	" "	.5	
18	9:30am	" "	.4	
19	9:30am	" "	.4	
20	9:30am	" "	.4	
21	9:30am	" "	.9	Added More Chlorine to Reservoir
22	10am	" "	.9	
23	10am	" "	.9	
24	9:30am	" "	.9	
25	9:30am	" "	.8	
26	9:30am	" "	.8	
27	9:30am	" "	.8	
28	10am	" "	.8	
29	10am	" "	.7	
30	10am	" "	.5	Added More Chlorine to Reservoir
31	10am	Restaurant Restroom Sink	1.1	

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?  
notified by end of next business day.

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: **04/13/2025**

Title: **Owner**  
**Amseids Properties LLC**

Phone #: **(253) 861-3732**

Operator Certification #:

OR

Small Groundwater System ☒

**Return by 10<sup>th</sup> of following month by either email [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.**

August 22, 2019