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

System Name Gney's Restaurant/Lounge PWS ID# 4190413								
Month/Year 04/25 Entry Point: Required Minimum Residual 0.2 mg/L								
Date	Time	Source(s) ii	n use	Lowest free residual at er distribution sy	ntry point to		Notes	
1	9:00am	Restaurant k	atchen sink	0.9				
2	0,00an	" Restauent 1		0.9				
3	9,00 com	٠,	1)	1000				
4	9.30ar	`\	2	0, 1				_
5	gam	//	9	0.7				_
6	gam		7	0,0				4
7	gam	1/	3	0.5		ļ		4
8	10 an	,,	,	0.5		-		-
9	10:30an	,	)9	0.3		In ded	more Chloma	T
10	5:20 cm	1/1	12 .	93		torosa	more Chlorne	P
12	4:20an			112				٦,
13	4:50ar	- 1	1,	1.7		<del> </del>		$\dashv$
14	4:50am		1,	1.5		-		$\dashv$
15	4:30m	11	1)	10				$\dashv$
16	11 am	1	11	100				$\dashv$
17	4:40an	//	//	10				1
18	9.30an	. 1/	6	1.0				1
19	WODO: 12		1,	0.4				1
20	4:400		h	0.9				1
21	0,000	//	1)	8.0				1
22	gam	//	1)	0.9				1
23	11:20am	\$1	1)	5.7				1
24	11:00an		h	0.1				1
25	gan	1	A	0.7				7
26	4:3000		8	60				
27	5:30an		Y	0.5				
28	5:30an		KetchonSul					
29	17 6 2		tchen Sik	0.5		1 2 2 2		
30	2.70m	Befacesant K	itcher Sub	8.3		40ded	more Chlorho	40
31								_
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.								
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300								
If yes, did you monitor every four hours until the residual returned to mg/L as required? ☐ Yes ☐ No			Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No			y time this	Date continuous monitoring equipment failed:	
			If yes, were grab samples collected every four hours until the				1 1	
Attach those results and submit them with			continuous monitoring equipment was returned to service as Date it was return					
this form.			required? Yes No				service:	
			Attach grab sample results and submit them with			ith this form.	1 1	
Printed Name: Evm Southe Title: Organic Operator Certification #:								
Signature: 9 Phone #: (252) 9/ 1 2020 OR								
Date: 06/06/2023				(a) 80	053132	Small Co	roundwater System 🗹	
Date.	OUI U CO	100			- 1	Ornan G	oundwater bystell E	

Return by 10<sup>th</sup> 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.