

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

System Name Oney's Restaurant/Lounge PWS ID# 4190413
 Month/Year 05/25 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	Restaurant Kitchen Faucet	1.0	
2	9:30am	Restaurant Kitchen Faucet	1.0	
3	9:30am	"	0.9	
4	9:30am	"	0.9	
5	8:30am	"	0.9	
6	8:30am	"	0.9	
7	8:30am	"	0.7	
8	8:30am	"	0.7	
9	10am	"	0.7	
10	10am	"	0.5	
11	8:30am	"	0.5	
12	8:30am	"	0.5	
13	9:00am	"	0.5	
14	9:00am	"	0.4	
15	10am	"	0.4	
16	8:20am	"	0.4	
17	9am	"	0.3	
18	9am	"	0.3	
19	10am	"	0.3	Added More Chlorine
20	10am	"	1.0	
21	11am	"	1.0	
22	3:30pm	"	1.0	
23	9:30pm	"	0.9	
24	9:30am	"	0.9	
25	9:30am	"	0.9	
26	9:30am	"	0.8	
27	10am	"	0.8	
28	10am	"	0.7	
29	10am	"	0.7	
30	10am	Restaurant Kitchen Sink	0.7	
31	10am	Restaurant Kitchen Sink	0.5	

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

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 Soelke

Signature: Erin Soelke

Date: 06/09/2025

Title: Owner

Phone #: (503) 253-8613

Operator Certification #: _____

OR

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.