

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

System Name Oney's Restaurant / Lounge PWS ID# 4190413
 Month/Year 06/25 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	9:00am	Restaurant + Bathrooms	0.5	
2	9:00am	Restaurant Bathroom Sink	0.5	
3	9:00am	"	0.4	
4	9:30am	"	0.4	Added more Chlorine to Reservoir
5	9:30am	"	1.2	
6	9:30am	"	1.2	
7	9:30am	"	1.0	
8	9:30am	"	1.0	
9	9:30am	"	1.0	
10	9:30am	"	0.9	
11	9:30am	"	0.9	
12	11am	"	0.9	
13	11am	"	0.9	
14	11am	"	0.7	
15	9:30am	"	0.7	
16	9:30am	"	0.7	
17	9:30am	"	0.5	
18	9:30am	"	0.5	
19	9:30am	"	0.5	
20	9:30am	"	0.5	
21	9:30am	"	0.4	
22	9:30am	"	0.4	
23	9:30am	"	0.2	
24	9:30am	"	0.2	
25	11am	"	0.2	Added more Chlorine to Reservoir
26	11am	"	1.2	
27	9:30am	"	1.2	
28	9:30am	"	1.0	
29	9:30am	"	1.0	
30	9:30am	Restaurant Restroom Sub Floor	1.0	
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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 Soethe
 Signature: [Signature]
 Date: 07/16/25

Title: Owner / Manager
Amseps Properties, LLC
 Phone #: (253) 861-3732

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.

August 22, 2019