

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

System Name Oney's Restaurant/Loung PWS ID# 41 90413
Month/Year 07 125 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	9:50am	Restaurant Restroom Sink Faucet	1.0	
2	9:50am	Restaurant Restroom Sink Faucet	1.0	
3	9:30am	"	0.9	
4	9:30am	"	0.9	
5	9:30am	"	0.9	
6	9:30am	"	0.9	
7	9:30am	"	0.8	
8	9:30am	"	0.8	
9	9:30am	"	0.8	
10	9:30am	"	0.8	
11	9:30am	"	0.7	
12	9:30am	"	0.7	
13	9:30am	"	0.7	
14	9:30am	"	0.5	
15	9:30am	"	0.5	
16	9:30am	"	0.5	
17	9:30am	"	0.5	
18	9:30am	"	0.3	
19	9:30am	"	0.3	
20	9:30am	"	0.3	
21	9:30am	"	0.2	
22	9:30am	"	0.2	Added more chlorine to reservoir
23	9:30am	"	1.0	
24	9:30am	"	1.0	
25	9:30am	"	1.0	
26	9:30am	"	1.0	
27	9:30am	"	0.9	
28	9:30am	"	0.9	
29	9:30am	"	0.9	
30	9:30am	Restaurant Restroom Sink Faucet	0.8	
31	9:30am	Restaurant Restroom Sink Faucet	0.8	

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: Eryn Soethe

Title: owner/manager

Operator Certification #: _____

Signature: Eryn Soethe

Phone #: (253) 861-3732

OR

Date: 08 10 25

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.