

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

System Name Oney's Restaurant/Lounge PWS ID# 419613
 Month/Year 10 125 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	9:30am	Restaurant Restroom Sink	0.4	
2	9:30am	Restaurant Restroom Sink	0.4	
3	9:30am	"	0.2	Added Chlorine to Reservoir
4	11am	"	1.0	
5	11am	"	1.0	
6	9:30am	"	1.0	
7	9:30am	"	1.0	
8	9:30am	"	1.0	
9	9:30am	"	0.8	
10	9:30am	"	0.8	
11	10am	"	0.8	
12	10am	"	0.8	
13	9:30am	"	0.8	
14	9:30am	"	0.7	
15	9:30am	"	0.7	
16	9:30am	"	0.7	
17	9:30am	"	0.5	
18	9:30am	"	0.4	Added Chlorine to Reservoir
19	9:30am	"	0.4	
20	9:30am	"	0.4	
21	9:30am	"	0.2	
22	9:30am	"	1.0	
23	9:30am	"	1.0	
24	9:30am	"	0.9	
25	9:30am	"	0.9	
26	9:30am	"	0.7	
27	10am	"	0.7	
28	10am	"	0.5	
29	9:30am	"	0.5	
30	9:30am	Restaurant Restroom Sink	0.5	
31	9:30am	Restaurant Restroom 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 See the

Signature: [Signature]

Date: 11/03/2025

Title: Owner of Amseids 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.